



# Book Voucher Request Form

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID # U0000000 \_\_\_\_\_

ID Card #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Semester: \_\_\_\_\_

Email Address: \_\_\_\_\_@floridapoly.edu

Amount Requested: \_\_\_\_\_ Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

## Student Authorization

- *I understand that this Book Voucher is valid only for the semester indicated.*
- *I understand that this Book Voucher allows me to purchase books and supplies at the University Bookstore, up to the amount indicated above, and the actual amount charged against this voucher will be added to my semester bill.*
- *I agree to allow the University to use my financial aid funds (including federal student aid) to pay my Book Voucher charges.*
- *I understand that, if for any reason, my financial aid is not applied to my student account, or if it becomes insufficient to cover my semester balance, I am responsible for paying my Book Voucher charges.*
- *I understand that if I fail to pay all of my semester charges, including this Book Voucher, my ability to register for classes will be restricted, and my transcript and/or diploma will be withheld.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_