BOOK VOUCHER REQUEST FORM

Student Information

First Name: _______________________________ Last Name: _______________________________

Phone Number: _______________ Email Address: _______________________________

Street Address: _______________________________

City: __________________ State: ___________ Zip Code: ___________

Amount Requested: _______________________________

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: _______________