

Umpqua Community College
 Financial Aid Office
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4602 | 541.440.4612 (FAX)
 FinancialAid@umpqua.edu

Book Allowance

Student Name _____ Student ID# _____

Current Address _____ City _____ State _____ Zip _____

Phone Number _____ Alternate/Message Phone _____

Book Allowance Borrower Rights and Responsibilities:

The Student’s signature on this form constitutes acknowledgement that the repayment terms are an enforceable obligation. Primary repayment will be through your financial aid but if your financial aid is not enough, it is your responsibility to repay all outstanding amounts. It is understood that UCC may not release any degrees, certificates, transcripts, or any other information if the obligation is not paid as the terms of the approval describe. Failure to repay as agreed may result in prohibiting the student from registering for classes and/or future attachment of funds relatable to the student’s Oregon State tax return.

By signing below, I certify that all information is true and correct. I also understand that if I give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

Student Signature: _____	Date: _____
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Turn over to complete the book bid before returning this application to the Financial Aid Office

OVER

OFFICE USE ONLY

Date Received _____ Title IV Authorization (1) _____ (2) _____

Approved Amount \$ _____ Repayment Terms _____

Reason for Denial _____

Financial Aid Office Signature _____



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Book Allowance

UCC BOOK ALLOWANCE

This may be used for REQUIRED books only!

**List the new price of the book even if you plan to purchase used books.*

You will only be charged the actual price of the book you purchase.

CRN #	Course #	Title Of Book	Required Y/N?	*List New Price
22294	MTH 095	Blitzer	Y	205.00
			TOTAL	

NOTICE: Any misrepresentation or unauthorized purchase of non-approved/required text books for any other individuals other than the individual approved on this form will result in grounds for loss of funding and/or legal action against the approved applicant the moment it is discovered, regardless of when that discovery is made.

I, _____ understand that I am personally responsible for the use of this
 (Print Name)
 account and if any misrepresentations occur, I will also be responsible for any necessary legal costs to settle this matter.

By signing below, I certify that the above information is true and correct. I also understand that if I give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

Student Signature: _____	Date: _____
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