



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 State of Oregon 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.

Turn over to complete the book allowance form before returning this application to the Financial Aid Office 

Student Signature: _____ Date: _____

(By typing your signature will certify that you agree to the terms of the book allowance)

OFFICE USE ONLY

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

Approved Amount \$ _____ Repayment Terms _____

Reason for Denial _____

____ I confirm that I have reviewed the students _____ financial aid for accuracy

Financial Aid Office Signature _____

