

STUDENT INFORMATION

Student Name: _____ Student ID: _____

Driver's License #: _____

BILLING INFORMATION

The following information must be completed and the statement at the bottom must be signed and dated by the individual who is assuming responsibility for payment of the student account. The student's signature is also required below. Students can only sign for themselves if they are determined to be "independent" by the Student Financial Services office. If any fields do not apply, please list "N/A."

Person responsible for payment: _____

Relationship to Student: _____

Address Line 1: _____

City / State / Zip: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

E-mail Address: _____

Social Security Number: _____

Driver's License Number: _____

Employer: _____

Employer Address: _____

We accept responsibility for the payment of all charges on the student account of _____ during his his/her enrollment at the University of Redlands. In the event that charges are incurred by the above student and not paid when due and/or the University of Redlands refers these charges for collection, we promise to pay all attorney's fees and other reasonable costs of collection necessary for the collection of any amounts not paid when due. We authorize the University to contact any credit bureaus, creditors, or personal references to obtain information concerning your current address, phone number, or place of business. The undersigned knowingly and intelligently waive any defense that may be available by persons responsible for payment due to the passing any applicable statute of limitations.

Signature of Person Responsible for Payment: _____ Date: _____

Signature of Student: _____ Date: _____