

**Arapahoe Community College
Books and Supplies Promissory Note**

Student ID _____ - _____ - _____

Student Name _____ Term _____ Year _____ Credit Hours _____

Address _____ Telephone _____

City/State/Zip _____ Drivers License Number _____

Parent or Closest Living Relative: Name: _____

Address: _____

City/State/Zip: _____

Telephone number: _____ Relationship: _____

Notes: _____

DUE DATE: _____

You may begin purchasing books a week before classes start up until the posted add/drop date. By filling out this form, you are choosing to charge your books and supplies against your financial aid award (including loans and grants).

I, the undersigned, promise to pay back the entire amount of the balance due to Arapahoe Community College by the above deadline date. I understand that failure to pay the entire balance by the above due date may result in the following:

1. No formal grade reports and no official academic transcripts being issued.
2. A late charge in the amount of \$ 7.00 will be assessed to my account.
3. I may not be allowed to register for future terms, and no diploma will be issued upon my graduation.
4. My account may be referred to the State of Colorado Central Collection Service.
5. At ACC's discretion, the entire balance, including interest accrued and attorney's fees shall be immediately due.
6. A judgment may be filed against me in any court of record in the United States.
7. I may not be eligible for another Book and Supplies Advance at Arapahoe Community College.

If you have been awarded Financial Aid, the repayment due on this advance will be deducted automatically from your financial aid award after all tuition, fees and book charges have been paid. Any change in your financial aid eligibility, educational program or enrollment status, does not alter the terms of this promissory note. You are responsible for informing Arapahoe Community College of any name and address changes.

Student's Signature _____ Date _____

ACC Authorized Signature _____ Date _____

Loan	Date	CkNo	Payment	By: _____
Date Rec	Late Fee.	Receipt No.	Amt Paid	Balance

**** PLEASE ALLOW A MINIMUM OF 24 HOURS FOR YOUR CHECK TO BE PROCESSED ****

****Please attach a shopping cart or receipt of any books/supplies needed****