



Student Financial Services

1. STUDENT PAYMENT AGREEMENT AND DISCLOSURE STATEMENT FOR EDUCATIONAL BENEFITS

At Iona College (hereafter referred to as "the College") the payment of tuition and all other fees becomes an obligation of the student at the time of registration.

I promise to pay to Iona College the sum of the amounts incurred by me on my student account, including, but not limited to, tuition, room, board, course fees, general fees, bookstore charges, parking fees & fines, and library fees & fines. A late fee of \$100 will be assessed for any past due balance. The undersigned shall pay on demand all costs and expenses incurred by Iona College in enforcing and protecting its rights and remedies hereunder, including, but not limited to, reasonable and customary collection costs, attorney's fees, and legal expenses. I understand that the amounts due hereunder are non-dischargeable educational debts and are subject to the provisions of 11 U.S.C. § 523 (a)(8).

STUDENT'S NAME (Please Print)

Student Account #

STUDENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

NOTE: A parent or guardian signature is also required ONLY if the student is under the age of 18.

2. PERMISSION TO RELEASE INFORMATION

By signing below, I give Iona College Student Financial Services office, permission to discuss my account information with the individuals listed below, including, but not limited to charges, payments, financial aid, and refunds. I understand that this permission will remain in effect from the date signed until I leave Iona College, unless I rescind this permission in writing. Each person listed below will be asked to answer the security question below. If they are not on the list, or cannot answer the security question, no information will be discussed.

Name(s) of person Authorized

Student Signature

Date

SECURITY QUESTION: In what town were you born? _____
(Please print answer)

3. TITLE IV FINANCIAL AID CREDIT BALANCE AUTHORIZATION

If my Title IV financial aid exceeds the charges for tuition, fees, room, and board, and other allowable charges as determined by the Department of Education, I authorize Iona College to retain a credit balance on my student account, unless I request a refund. I understand that this authorization will remain in effect for all subsequent award years I attend Iona College until the Student Financial Services Office receives written notification of my intention to rescind this authorization.

STUDENT'S SIGNATURE

Student Account #

DATE