

**Onondaga Community College
Financial Responsibility Agreement:**

- By registering for classes at Onondaga Community College, I acknowledge and agree that:
 - I am at least 18 years of age or the parent/legal guardian of a student under the age of 18
 - I am financially responsible for all charges related to my registration and housing.
- I understand that if I decide not to attend the courses, which I am registering for, that it is my responsibility to drop the course(s) by the due date to avoid any financial liability.
- I understand that if **full** financial payment and/or arrangement (financial aid or monthly payment plan) has not been made by the due date, a “hold” will be placed on my student record restricting me from registering, graduating, and/or obtaining a transcript until the account is paid in full.
- I understand that if my financial aid is reduced or cancelled, I am responsible for all charges on my account.
- I understand that Onondaga Community College may use an automated calling system and a pre-recorded message to contact me by phone regarding any outstanding account I have to any phone number I have provided to the college.
- I understand that if any portion of my account remains unpaid after 30 days I will be responsible for any late payment fees assessed to my account.
- I understand that if any portion of my account remains unpaid at the end of the semester, my account will be forwarded to a collection agency within 60 – 90 days.
- I understand that if the college does use a collection agency or take legal action for any account balance due, I will be responsible for all charges owed which may include collection and/or litigation costs or attorney fees.

Federal Student Financial Aid Permission Statement (for Federal Financial Aid recipients ONLY):

- By registering for classes:
 - I give OCC permission to use my federal student aid - Pell Grant, SEOG, Direct Loan - to pay any current charges that I incur for educationally related activities and any other institutional charges related to my attendance.
- I understand that at any time I may contact the Bursar’s Office to revoke this permission regarding the use of my federal student aid.

Student Signature

Date

Parent/guardian signature

Date

Name of student and Social Security #being registered:

PLEASE PRINT STUDENT NAME

STUDENT SOC. SEC. NUMBER

The information below must accompany all registrations for students under the age of 18.
If you are under the age of 18 your registration will not be entered without this form!

Parent/legal guardian: _____

Address: _____

Social security number: _____ - _____ - _____