



WASHINGTON COLLEGE  
FIRST COLLEGE CHARTERED IN THE NEW NATION  
**Account Information Release/  
Responsibility Form**

**RELEASE OF INFORMATION:**

The purpose of the Family Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing certain restrictions on releasing information contained in a student's educational record.

I, \_\_\_\_\_, ID# \_\_\_\_\_ do hereby  
(Student Name-Please Print Clearly)  
authorize the Business Office of Washington College to release account information to the following individuals.  
(attach additional sheet in necessary)

\_\_\_\_\_  
Please print full name (Relationship to student)

\_\_\_\_\_  
Please print full name (Relationship to student)

**PAYMENT RESPONSIBILITY:**

**Note:** Personal checks submitted for any fees will have your Student I.D. number written on them by the Business Office. If you prefer not to have your I.D. number on your check, please submit your payment by cashier's check, money order or cash.

**Late Payment Fee**

The amount of the late payment fee is \$100 on any balance of \$1,000 or more for undergraduate students and \$75 on any balance of \$750 or more for graduate students. A late fee is charged when a student:

- has not paid their account in full or made payment arrangements by the officially posted due date for the current semester; or
- has defaulted on a payment plan; or
- has financial aid cancelled, in any manner.

Should my account become delinquent, I am liable for any collection fees incurred. I also hereby authorize Washington College to deduct any outstanding debts from my final paycheck(s) if employed by the College. I understand that this information remains in effect until I submit a revised Account Information Release/Responsibility form to the Business Office. It is my responsibility to notify the College in writing of any changes in this information.

STUDENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

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**Billing information/Payment Responsibility**

**Please read carefully**

\_\_\_ I will view my Student Account statements through Web Advisor. (An email reminder will be sent to your college email address)

\_\_\_ I authorize Washington College to send the paper statement of my student account to the name and address listed below.

**Please Note:** The following portion of the form must be completed if the monthly statement is to be sent to someone other than the student at their home address.

Name of Responsible Party:

\_\_\_\_\_  
(Please Print Clearly)  
Billing Address:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street City State Zip Code



**WASHINGTON COLLEGE - UNDERGRADUATE STUDENTS  
FEDERAL STUDENT FINANCIAL AID  
DISBURSEMENT AUTHORIZATIONS**

Legislation/guidelines allow(s) for Federal Title IV student assistance funds (Stafford Loans, Perkins Loans, PLUS (Parent)Loans, Pell Grants, and Supplemental Grants) to **automatically** be credited **ONLY** toward tuition and fees plus on-campus housing/room and contracted campus dining plan charges. **The guidelines additionally allow students to authorize Washington College to credit Federal Title IV funds toward other student account charges**, including **discretionary charges** such as health insurance charges, Student ID card charges, fines, etc. **Students (and parents, if applicable) may also authorize Washington College to retain excess Title IV funds in their student accounts, in which case such funds will be applied toward future charges/expenses.**

**Please review each of the two authorization options which follow and indicate your choice/response for each option, complete/sign the form where indicated and return it to the Business Office at the address shown below as soon as possible.** (Once an authorization is given, it will remain in effect for all periods of enrollment at **Washington College**, but it can be revised/rescinded at any time by giving written notice to the Business Office.)

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**Authorization I: Application of Title IV Funds to Discretionary Charges**

**YES** By checking "YES," you are authorizing the crediting of all Federal Title IV funds to your student account for both direct and discretionary charges. These charges include, but are not limited to direct costs (tuition, fees, on-campus housing and campus dining plans) and **discretionary charges (Student ID charges, health insurance, parking fees, fines, etc).** Title IV funds received for one academic year cannot be used for the prior academic year's charges unless the prior year's balance is less than \$100.

**NO** By checking "NO," you are indicating that you do not wish to have Federal Title IV funds applied toward discretionary expenses. Therefore, all discretionary expenses must be paid for as incurred, and you will not be financially cleared to attend classes until all expenses are actually paid in full or until acceptable payment arrangements have been made with the Office of Student Accounts.

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**Authorization II: Retention of Title IV Funds in Student Account**

**YES** By checking "YES," you are authorizing all excess funds to be retained in your student account and applied, as appropriate, to any future charges incurred. Please note that no interest will be credited on the amount retained.

**NO** By checking "NO," you are indicating that any excess funds should be refunded to the student, or, if the credit balance has been created by Federal PLUS (Parent) Loan funds, that it should be refunded to the parent borrower. Parent borrower refund checks will be mailed to the parent's permanent address as listed on the Federal PLUS Loan application unless otherwise specified in writing.

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Clearly Print Student's Name,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Clearly Print Parent's Name,

\_\_\_\_\_  
Date

+++NOTE: Parent's signature/information is required if PLUS (Parent) Loan funds have been/will be received. The parent borrowing the PLUS funds must sign this form.+++

**Return completed form to:  
Washington College  
Business Office  
300 Washington Ave.  
Chestertown, MD 21620**