

ACCOUNT INFORMATION AND RELEASE FORM*

I have chosen _____ dormitory occupants at WCCC. I understand that I will be charged \$_____ **PER** semester, plus cable and internet fees. If I choose to change apartments or occupants anytime during either semester, I will contact the Business Office **AND** the Dormitory Counselor before any changes are made. If I fail to contact the above offices, I will be subject to the maximum dormitory charges for this semester.

Initial

In accordance with the Department of Education regulations, charges for dormitory damages/deposits, health/liability insurance, parking fees, and library fees cannot be deducted from any federal financial aid awards unless authorized by the recipient.

I authorize WCCC to deduct any charges for the above mentioned fees from my Title IV financial aid award.

Initial

I give WCCC permission to discuss account activities with _____.

Initial

I give WCCC permission to release my transcript as needed in order to obtain scholarships that I have been awarded.

Initial

Student Name (print)

Student Signature

Date

*This agreement covers the entire academic school year, unless otherwise approved by both student and Business Office.