

DYERSBURG STATE

COMMUNITY COLLEGE

FINANCIAL RESPONSIBILITY STATEMENT

PAYMENT OF FEES/PROMISE TO PAY

I understand and agree that when my student minor child, _____, registers for any class at Dyersburg State Community College (hereinafter referred to as the "Institution") or receives any service from the Institution, I am accepting full responsibility to pay all tuition, fees and other associated charges assessed as a result of that registration, and/or receipt of services.

I understand and agree that if my student child drops or withdraws from some or all of the classes for which my student child is registered, I will be responsible for paying all or a portion of tuition and fees in accordance with the DSCC Dual Enrollment Tuition/ Fees for 2016-2017 document. I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further understand that my student child's failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

If I expect financial aid to pay all or part of my student child's financial obligations to the **Institution**, I understand and agree that it is my student child's responsibility to meet all requirements for disbursement to the DSCC student account. I authorize the **Institution** to use the financial aid to pay for all education costs charged to the DSCC student account for the current term of enrollment or attendance at the **Institution**. I understand that it is my student child's responsibility to ensure that all requirements of grantors, lenders, employers, and other third party payers are met on a timely basis. I understand that despite my expectations for payment from financial aid or other sources, I am ultimately responsible for all charges incurred. I understand that my student child's financial aid may be adjusted due to eligibility. I agree to pay back to the **Institution** any amounts for which my student child becomes ineligible under applicable financial aid guidelines.

I understand and agree that if I enter into an installment payment plan, the due dates and terms of the installment payment plan become part of this agreement and are incorporated herein by reference.

DELINQUENT ACCOUNT/COLLECTION

I understand and agree I will be in default if I break any promise made to the **Institution** or fail to perform promptly at the time and in the manner provided in the tuition plan agreement with the **Institution** or if I fail to pay other charges, including but not limited to, parking fees or fines, or financial aid adjustments that post to my student child's account by the date due or at the point at which he/she is no longer enrolled. If there is an event of default, the **Institution** may exercise any remedy allowed by law, including one or more of the following, without notice or demand (except as required by law):

(1) The **Institution** may declare the principal balance plus any late fees, fines or penalties immediately due and payable in full.

(2) The **Institution** may hire or pay a third-party to collect the debt including, without limitation, the pursuit of litigation.

Financial Hold: I understand and agree that if I fail to pay my financial obligation to the **Institution**, the **Institution**, in accordance with the provisions of T.C.A. § 49-9-108, will place a financial hold on my student child's student account, preventing my student child from registering for future classes, receiving grades or transcripts, or receiving a diploma.

Late Payment Charge: I understand and agree that if I fail to pay my financial obligation to the **Institution** by the scheduled due date, the **Institution** may assess a late payment fee as approved by the Tennessee Board of Regents.

COMMUNICATION

Method of Communication: I understand and agree that the **Institution** uses e-mail addresses assigned by the **Institution** as an official method of communication with enrolled students, and that, therefore, my student child is responsible for reading the e-mails received from the **Institution** on a timely basis.

I understand and agree that it is my responsibility to obtain these e-mail notices from my student child as such notifications are regarding balances due and payment deadlines each semester.

Contact: I authorize the **Institution** and its agents and contractors to contact me and/or my student child at our current and any future cellular phone number(s), email address(es) or wireless device(s) regarding any delinquent student account(s)/loan(s), any other debt I owe to the **Institution**, or to receive general information from the **Institution**. I authorize the **Institution** and its agents and contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact him/her or me.

BILLING ERRORS

I understand that administrative, clerical or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees, and other associated financial obligations assessed as a result of my student child's registration and attendance at the **Institution**.

If a payment made to my student child's account is returned by the bank for any reason, I agree to repay the original amount of the payment plus a returned payment fee of **\$30.00** and any applicable late fees. I understand that returned payments for tuition or multiple returned payments for non-tuition items may result in a permanent cash only payment status at the **Institution**. If any initial term payments for tuition are returned, the **Institution** reserves the right to delete my student child's class schedule if not settled by the notification deadline.

I understand that my student child's Financial Aid Award is contingent upon his/her continued enrollment and attendance in each class upon which his/her financial aid eligibility was calculated. If my student child fails to attend, drop any class, or stops attending before completion, I understand that his/her financial aid eligibility may decrease and some or all of the financial aid awarded may be revoked or adjusted.

If some or all of financial aid is revoked or adjusted because my student child dropped, failed to attend, or stopped attending class, I agree to repay all revoked or adjusted aid that was disbursed to his/her account.

IRS FORM 1098-T

I agree to provide my student child’s correct Social Security number (SSN) or taxpayer identification number (TIN) to the **Institution** upon request as required by Internal Revenue Service (IRS) regulations for Form 1098-T reporting purposes. If I fail to provide the correct SSN or TIN to the **Institution**, I may be responsible for paying any and all IRS fines assessed as a result of my student child’s missing SSN/TIN.

ENTIRE AGREEMENT

This agreement, which is governed by Tennessee law, supersedes all prior understandings, representations, negotiations and correspondence between the student and the **Institution**, constitutes the entire agreement between the parties with respect to the matters described, and shall not be modified or affected by any course of dealing or course of performance. This agreement may be modified by the **Institution** if the modification is signed by me. Any modification is specifically limited to those policies and/or terms addressed in the modification.

Signature of Dual enrollment student

Date

Signature of Parent/Guardian of Dual enrollment student

Date

Parent/Guardian Address: _____

Parent/Guardian Phone Number: _____

Parent/Guardian e-mail address: _____