

Colgate University Office of Student Accounts

Financial Responsibility Form

This form must be completed by every Colgate University student, and a parent/guardian (unless independent).
It serves as acknowledgment and understanding of financial responsibility to Colgate University.

STUDENT INFORMATION: (Please print or type all information clearly)

Last Name	First Name	Middle Initial
Address (complete permanent home address)		Cell Phone Number
Phone Number	Social Security Number (USA) *	Colgate ID Number (9 digits)

***Social Security numbers are necessary to process IRS Form 1098-T (to help determine possible education tax credits)**

I/We understand/agree to the following information:

- All student account information is available on-line only via TouchNet, our online billing and payment partner. Notifications of available e-bills are sent to the student only at their Colgate email address.
- Students are responsible for authorizing third parties (i.e. parents) access to their student account information by establishing Authorized Users via TouchNet. Authorized Users receive e-billing notification, can view student account information, and are able to make online payments.
- A late fee of 1% of the balance due (minimum \$100.00) is assessed on past-due balances each month. Delinquent accounts may be referred to an external collection agency. I/We agree to pay all external collection charges, based on a percentage of the debt (with a maximum of 33%). I/We also agree to pay all costs and expenses, including attorney's fees, incurred in such collection efforts.
- I/We have read the Colgate University Catalogue section on "Expenses", found at catalogue.colgate.edu.
- Colgate University and their respective agents and contractors are authorized to contact the individual(s) signing below regarding any debt due to the university at the current or any future number provided (cellular phone or other wireless device) using automated telephone dialing equipment or artificial or pre-recorded voice or text messages. Colgate University reserves the right to utilize any and all student documentation provided to any and all University offices for collection purposes.

I/We have read and understand the information contained on this form and agree to pay all tuition and fees incurred while the student named above is enrolled at Colgate University.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

Please submit this form, and direct any questions, to:
Colgate University, Office of Student Accounts, 13 Oak Drive, Hamilton, NY 13346
Phone: 315-228-7812 or 7421 • Fax: 315-228-7989 • E-mail: stuaccounts@colgate.edu