

Reed College billing information & release form 2009-2010

If this form is not returned, the statements will be sent to the student's permanent address when school is not in session and to the student's campus mail stop during the academic year, and we will not release financial information to anyone other than the student.

Student information

Name _____ Reed ID # _____
Address _____ Home phone _____
City _____ State _____ Zip _____

Parent information (please list separately)

Parent/Guardian 1

Name _____ Work phone _____
Address _____ Home phone _____
Address _____ Preferred Email _____
City _____ State _____ Zip _____

Parent/Guardian 2

Name _____ Work phone _____
Address _____ Home phone _____
Address _____ Preferred Email _____
City _____ State _____ Zip _____

Please indicate where to send the primary billing statements

Use Parent/Guardian 1 address Use Parent/Guardian 2 address Use Reed MS Other-see below

Name _____ Work phone _____
Address _____ Home phone _____
Address _____ Preferred Email _____
City _____ State _____ Zip _____

If you would like a duplicate statement sent to another party, please complete below

Use Parent/Guardian 1 address Use Parent/Guardian 2 address Use Reed MS Other-see below

Name _____ Work phone _____
Address _____ Home phone _____
Address _____ Preferred Email _____
City _____ State _____ Zip _____

I authorize the Reed College business office to release financial information regarding my tuition account to the above parties. I understand that if my business office account is delinquent, the balance may be turned over to a collection agency. If this occurs, I am responsible for all costs and attorney fees incurred in the collection process.

Student signature _____ Date _____