

Billing information & release form 2008–09

Student information (if different from above)

Address _____

Phone _____

City _____

State _____ Zip _____

Parent information (please list separately)

Parent/Guardian 1

Name _____

Work phone _____

Address _____

Home phone _____

Address _____

Preferred email _____

City _____ State _____ Zip _____ Country _____

Parent/Guardian 2

Name _____

Work phone _____

Address _____

Home phone _____

Address _____

Preferred email _____

City _____ State _____ Zip _____ Country _____

Please indicate where to send the primary billing statements

Use Parent/Guardian 1 address Use Parent/Guardian 2 address Use student's mail stop Other (enter below)

Name _____

Work phone _____

Address _____

Home phone _____

Address _____

Preferred email _____

City _____ State _____ Zip _____ Country _____

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 student's mail stop Other (enter below)

Name _____

Work phone _____

Address _____

Home phone _____

Address _____

Preferred email _____

City _____ State _____ Zip _____ Country _____

I authorize the Reed College business office to release financial information regarding my tuition account to the above parties.

Student signature _____ Date _____