

STUDENT DEPOSIT AGREEMENT

On behalf of:

(Student's Name)

(Student's Social Security Number)

Deposit made by:

(Name)

(Street Address)

(City/State/Zip)

(Daytime Phone Number)

(Evening Phone Number)

I would like to deposit \$_____ on behalf of the above named student to be used for the following: _____ Tuition _____ Book _____ Supplies

I am providing these funds for use during the _____ term.
(Fall 2006)

UNUSED FUNDS

_____ Unused funds may be applied to a future term.

_____ Unused funds may *not* be applied to a future term.

REFUNDS

_____ Refunds will be returned to me.

_____ Refunds may be sent to the above named student.

*****AUTHORIZATION*****

I authorize Sinclair Community College to use the funds I am depositing for the above named student, as stated on this form. I understand that all refunds must be requested in writing and will be mailed within 10 business days.

(Signature)

(Date)