MOUNT ST. MARY'S UNIVERSITY

b(clco(lPegsriicr(o(P(rte

Must be completed before beginning of first semester of attendance. Student may not register or begin classes until this form is completed and on file in the Accounting & Finance Office.

ACCOUNTING & FINANCE OFFICE/ MOUNT ST. MARY'S UNIVERSITY / EMMITSBURG, MARYLAND 21727
301-447-5353 / 301-447-5867 FAX / ACCTSREC@MSMARY.EDU

C&UTNNTUUNTN&UONU&NSS&TNTUTTNSSY&RNNTURORNSYSORRTOTNSNRTNNSNRTNRTRTO&UNUTNNTa&
CBFF@/&C&&ONUTNNTUUNTN&&SNOR&UN&UONU&TTTUNNURTT&NTN&ORUN&NNNNUU&UT&SY&TNNTTNU&UT&RTNRUF
UOTTUOO&EYETUC&UNTUUNTN&ETUTU&FU/&ENTYeU&GTRUNTURUOUNTURNTN&&N&TNNNTU&UON&OUSS&TNUTTTURN
OTT&UON&TNYSNTU&TO&SYRNNNRURTT&&UT&UON&UUUNNTU.&UON&RTNRURNUNS-U-&SRUUNN&NNSTV&NTN&NSUT&
OTT&UON&NTUU&TO&NUUNTNRTO&ETUTU&FU/&ENTYeU&GTRUNTURUY/

Parental/Guardian Billing Information

Students Last Name (Please Print) First Middle SSN - last 4 digits

Father's Last Name First Name (and/or) Mother's Last Name First Name (Optional) Guardian's Last Name First Name

Please Provide Names and Address below:

Parent(s) and/or Guardian Name

Billing Street Address City State Zip

If a duplicate bill is requested – Please list below: Also requires this person to sign below as being responsible

Name and Address

I, (we), the undersigned, hereby agree to accept full responsibility for the payment of all costs of attending Mount St. Mary's University for the above named student.

Authorized Signature Parent/Guardian (Required) Cell Phone Number Email Address Date

Authorized Signature Parent/Guardian (Required) Cell Phone Number Email Address Date

STUDENT CONSENT

My signature below serves as acknowledgment of a clear understanding of my financial responsibility as a student at Mount St. Mary's University. I understand any balance not covered by financial aid and or loans, I/parent/guardian assume financial responsibility and will pay full balance in a timely matter.

Student Signature (Required) Cell Phone Number Date