



Umpqua Community College  
 Financial Aid Office  
 PO Box 967  
 Roseburg, Oregon 97470  
 541.440.4602 | 541.440.4612 (FAX)  
 FinancialAid@umpqua.edu

## Book Allowance

# \$600 Limit

**This Form Can Only Be Used Once Per Term, Per Student**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate/Message Phone \_\_\_\_\_

**Book Allowance Borrower Rights and Responsibilities:**

The Student's signature on this form constitutes acknowledgement that the repayment terms are an enforceable obligation. Primary repayment will be through your financial aid but if your financial aid is not enough, it is your responsibility to repay all outstanding amounts. It is understood that UCC may not release any degrees, certificates, transcripts, or any other information if the obligation is not paid as the terms of the approval describe. Failure to repay as agreed may result in prohibiting the student from registering for classes and/or future attachment of funds relatable to the student's Oregon State tax return.

*By signing below, I certify that all information is true and correct. I also understand that if I give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.*

|                          |             |
|--------------------------|-------------|
| Student Signature: _____ | Date: _____ |
|--------------------------|-------------|

Turn over to complete the book bid before returning this application to the Financial Aid Office

OVER

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Title IV Authorization (1) \_\_\_\_\_ (2) \_\_\_\_\_

Approved Amount \$ \_\_\_\_\_ Repayment Terms \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Financial Aid Office Signature \_\_\_\_\_

UMPQUA COMMUNITY COLLEGE IS AN EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER AND EDUCATOR COMMITTED TO A DIVERSE WORKFORCE AND STUDENT BODY

