

Statement of Financial Responsibility

I hereby acknowledge and accept full financial responsibility for all charges and fees assessed to my account as a result of my enrollment, registration, and participation in the programs and activities of [Name of Institution/Organization].

I understand that failure to pay any outstanding balances may result in financial penalties, restrictions on registration, withholding of transcripts or diplomas, and/or referral to a collection agency.

I agree to notify the [Institution/Organization] of any changes to my contact information and will ensure that all charges incurred are paid in a timely manner.

Full Name:

Student/Account ID:

Date:

Signature:

Comments (if any):