

Statement of Financial Responsibility

Date:

Full Name:

Student/Employee ID:

Address:

Statement

I, the undersigned, acknowledge and accept full responsibility for all financial obligations incurred as a result of enrolling and participating in the programs, activities, and services provided. I understand that I am responsible for payment of all tuition, fees, and additional charges according to the institution's policies and deadlines.

Signature

Signature:

Date Signed: