



Esperanza College of EASTERN UNIVERSITY

Photographic Release Section:

I am at least eighteen years of age and have read the statement and thoroughly understand the terms and conditions of this release. I hereby grant Esperanza College and parties designated by Esperanza College, including clients, licensees, purchasers, agencies and periodicals, the irrevocable rights to use my photographs and video/s for release and reproduction in any medium including, but not limited to print electronic (e.g. internet) for purposes of advertising, trade, display, exhibition or editorial use, Furthermore, I waive any and all rights to inspect or approve any finished or unfinished photographs, videotapes or other means of production referred to herein, so long as the use is of lawful purpose.

I the parental/legal guardian acting on behalf of the undersigned, have read, understand and agree to the terms and conditions specified in the above statement and have provided my signature as confirmation.

Signature _____

Date _____

Parental/Guardian Signature _____

Date _____

(If subject is Under 18)

FERPA Withhold/Release Directory Section:

Esperanza College reserves the right to publish your directory information unless you have instructed otherwise. Directory information includes: Name, address, telephone, D.O.B, sex, email, instant message address, photographic image/content, classification, major/minor fields of study, dates of enrollment, degrees/awards received, previous educational agencies or institutions attended.

Please select one of the boxes below instructing Esperanza College to either withhold or release your directory information:

- I hereby request Esperanza College to withhold disclosing to any third-party directory information regarding myself from this date onward (until rescinded by written request).
- I herby give Esperanza College permissions to release my directory information to any third-party from this date onward.

Signature _____

Date _____

Parental/Guardian Signature _____

Date _____

(if subject is under 18)

Eastern University
Student Accounts Office
Financial Responsibility Agreement

Student's Name (Please Print) _____ Student ID: _____

Eastern University offers a number of payment methods to assist in your budgeting and to insure timely payment of your financial obligations to the university is made. When doing the calculations for your balance, please do not deduct FWS or the book store award.

The options for payment can be found on the student accounts website at: www.eastern.edu/centers/sfs/index.html

Failure to meet your selected schedule of payments may result in late payment fees, monthly service charges, suspension from classes, and withholding of registration from future sessions, transcript, grades and a diploma.

In cases of serious delinquency of financial obligation, the student's account becomes an educational loan and may be placed with a collection agency and ultimately may be listed with one or more credit bureaus. In addition to the delinquent balance, the student will be responsible for any and all monthly service charges accrued in the student's account and any costs, which may range from **25% to 50%** associated with placing the account with a collection's agency. If it becomes necessary to litigate an account, all cost of litigation will be added to the balance of the student's account. **In addition, a 1.5% monthly service charge will be added to all accounts that become delinquent.**

Payments can be made online by ACH (checking or savings account), Visa, Mastercard, American Express and/or Discover. A convenience fee will be added for use of credit cards for online payment. Go to the Eastern Portal at my.eastern.edu and log into the *Student Account Page*, select *CashNet* Link to see your billing invoice and make your payments online.

Agreement:

I have read the Financial Responsibility Agreement. I understand that I am responsible for payment of all my tuition and related charges in a timely fashion. I understand and agree to the service charges associated with my chosen payment option as well as penalties associated with failure to pay my account cost in a timely fashion. I authorize Eastern University to apply any State grants and Eastern University grants & Scholarships and/or other scholarship types toward the payment of tuition, fees, books, room, insurance, and/or any other charges billed by Eastern University.

Signature: _____ Date _____

Parental/Guardian Signature: _____ Date _____
(If Under 18)

Semester: _____ Year: _____ Date: ____/____/____

Year Book Purchase: Please debit my student account for the purchase of the Eastern University Yearbook (LOG) Yes / No
(Any questions please contact the Student Development Office at (610-341-5822))

Green Initiatives Fee: I will Will not participate in the Wind Energy/Green initiatives program. Please consult www.eastern.edu/campus/studev/pdf/Wind_Energy.pdf for more information.

Health Insurance Waiver: Health Insurance waiver or enrollment decisions must be made online at <https://studentcenter.uhcsr.com> Health Insurance is required for full time undergraduates' students in the College of Arts and Sciences \, and first year international students. All full time graduate and CCGPS students may be eligible to enroll. Questions contact Student Accounts: 610-341-5831 and/or Fax docs to 610-341-1492

S.A.O. USE ONLY: Session _____ Year _____ Date Rcvd _____ Cleared _____
YB _____ WE _____