

Billing information & release form 2009–10

Student information

Name _____ Reed ID _____
Address _____ Home phone _____
City _____ State _____ Zip _____ Country _____

Parent information (please list separately)

Parent/Guardian 1

Name _____ Work phone _____
Address _____ Home phone _____
Address _____ Preferred email _____
City _____ State _____ Zip _____ Country _____

Parent/Guardian 2

Name _____ Work phone _____
Address _____ Home phone _____
Address _____ Preferred email _____
City _____ State _____ Zip _____ Country _____

Please indicate where to send the primary billing statements

Use parent/guardian 1 address Use parent/guardian 2 address Use Reed mail stop Other (enter below)

Name _____ Work phone _____
Address _____ Home phone _____
Address _____ Preferred email _____
City _____ State _____ Zip _____ Country _____

If you would like a duplicate statement sent to another party, please complete below:

Use Parent/Guardian 1 address Use Parent/Guardian 2 address Use student's mail stop Other (enter below)

Name _____ Work phone _____
Address _____ Home phone _____
Address _____ Preferred email _____
City _____ State _____ Zip _____ Country _____

I authorize the Reed College business office to release financial information regarding my tuition account to the above parties. I understand that if my business office account is delinquent, the balance may be turned over to a collection agency. If this occurs, I am responsible for all costs and attorney fees incurred in the collection process.

Student signature _____ Date _____