



Accounts Receivable STATEMENT OF FINANCIAL RESPONSIBILITY

Please complete each area of the document below and return it immediately to Accounts Receivable.

I have read the Agreement and Disclosure Statement, understand its terms and agree to be bound by its terms.

_____	_____
(Date)	(Student Signature)

	(Printed Name)

	(Student Account ID Number)

	(Address)

	(City, State, Zip Code)

	(Phone Number)

STATEMENT OF FINANCIAL RESPONSIBILITY

IN CONSIDERATION OF Tulane University providing to _____
(Student's Name)

any services, products or sums of money charged to Student's account described herein, the undersigned Guarantor hereby guarantees to Tulane payment for all amounts due on said account. Guarantor hereby binding himself/herself in solido with Student for the payment of all amounts due on said account. Guarantor has the right to limit such liability by notifying Tulane's Accounts Receivable Office *in writing* that this guarantee will not apply to future charges made by Student. Guarantor agrees to be bound by all terms and conditions of Student's account as described below.

_____	_____
(Date)	(Guarantor Signature)

	(Printed Name)

	(Social Security Number)

	(Address)

	(City, State, Zip Code)

	(Phone Number)

STUDENT CONSENT

_____ consents to Tulane University disclosing to Guarantor named above all information relating to my Tulane University credit account for the purpose of facilitating collection of any amounts due on the account. I understand that I may revoke this consent at any time by notifying Tulane's Accounts Receivable Office *in writing* of such revocation.

_____	_____
(Date)	(Student Signature)

	(Printed Name)