

Book Charge Authorization

Date	Semester
Name	Student ID
Address	
City/State	Zip
Email	
Courses Enrolled In:	
Book Costs \$	(please look up the cost of all books on Neebo website)
+ Tax \$	5.5%
+ Shipping \$	(if applicable, information can be retrieved from the Neebo website)
TOTAL COST \$	(form will not be accepted without a total cost)
release my financial aid award to repay this ad If the charges are posted to my account after f withdraw from classes for any reason, I agree t reimburse UW-BSC within the same semester a registration and transcript receipt, I may incur the Wisconsin Department of Revenue.	inancial aid disbursement, my financial aid award is reduced, or I that the amount of this advance is still valid and payable. My failure to as the advance will result in a hold on my academic record affecting future financial penalties, and my student account will be sent to collections by
I understand that this is a voluntary program. This authorization may be withdrawn at any time by providing a written request to the campus business office and any charges will become due immediately.	
I hereby certify that I am at least 18 years of age and can legally enter into this contract.	
Signature	 Date
Parent or Guardian (if student is under 18)	Date
Return completed form in person or by email: brbbusinessoffice@uwc.edu fax: 608-355-5289 or mail: UW-BSC, Business Office 1006 Connie Road, Baraboo, WI 53913	
To be completed by Business Office:	
Authorized by:	Maximum Amount: