

**Greenfield Community College-Bursar's Office**  
**Tuition & Fee Billing Worksheet and Confidentiality Waiver Form**  
 Term: Fall 2009

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Step 1: Determine the amount you owe. Before completing this step, read the explanation of charges (page 1) and refund policy (page 2-center) of the enclosed information sheet. You must sign and date the certification section on the reverse of this sheet before returning it.**

Total Billed Balance: \$ \_\_\_\_\_ Amount due as shown on your billing statement. See information sheet (page 1) for explanation of charges.

Less: Health Ins. Charge: \_\_\_\_\_ Deduct if you plan to waive this charge. See information sheet (page 1) online waiver instructions.

Less: Mass Pirg Charge: \_\_\_\_\_ Deduct if you plan to waive this charge. See information sheet (page 1) for explanation.

Less: Financial Aid: \_\_\_\_\_ Deduct any financial aid funds shown on your award letter. See information sheet (page 2-center) for explanation.

Less: Tuition Waivers: \_\_\_\_\_ Deduct any tuition and/or fee waivers. Official waiver documentation must be attached.

Less: Private Scholarships: \_\_\_\_\_ Deduct any private scholarships awarded to you. Scholarship award letters must be attached.

Less: In-house Grants: \_\_\_\_\_ Deduct any grants awarded to you by on-campus grant coordinators. If unsure, enter number of credits the grant will pay here: \_\_\_\_\_ Name of Grant or Grant Coordinator: \_\_\_\_\_

Less: Third Party Payments: \_\_\_\_\_ Deduct any amounts a third party has committed to paying. Written commitment from third party must be attached.

Balance Due: \$ \_\_\_\_\_ **Bill due date for fall 2009 term:** August 13, 2009. If enrolled after that date, balance due immediately.

**Step 2: Indicate how you will pay your bill.** If paying by mail, do not send cash. Make check payable to Greenfield Community College or GCC.

Send payment to: Greenfield Community College  
 ATTN: Bursar's Office  
 1 College Drive  
 Greenfield, MA 01301

\_\_\_\_\_ I am paying by check. Enclosed is a check in to amount of \$ \_\_\_\_\_

\_\_\_\_\_ I wish to pay in installments (complete step 3 below).

\_\_\_\_\_ I wish to pay by credit card. (MasterCard, VISA, or Discover only). You must pay in person with a photo I.D. or call in your payment: (413) 775-1301

**Step 3: Determine your payment plan payments. (Urgent Notice: Greenfield Community College reserves the right to automatically place accounts on the payment plan if payment in full is not received by the due date. The \$35 fee will apply)**

In order to participate in the payment plan, a \$35 non-refundable fee applies. The entire balance due must be paid by November 13. Payment due dates are August 13, September 14, October 13, and November 13 (No exceptions). A bill will be sent to you at least 10 days prior to each due date. If you are signing up late for the payment plan, payments for due dates that have passed, must be paid at the time you sign up for the plan. If a due date is approaching, that payment must also be paid at the time of sign up. The balance of payments must be paid by the remaining due dates.

**To determine your plan, calculate as follows:**

Amount you owe as determined in either step 1: \$ \_\_\_\_\_

Divide by 4 if signing up on or prior to the first due date or,  
 Divide by the number of due dates that remain if signing up after the first due date (enter amount arrived at here): \_\_\_\_\_

Add payment plan fee: 35.00

Equals amount due and payable immediately: (Return to step 2 and choose your payment method) \$ \_\_\_\_\_

To determine the amount of each remaining payment, divide balance by number of due dates remaining (enter that amount here): \$ \_\_\_\_\_

**Step 4: If you wish to grant authorization to the GCC Bursar's office staff to discuss your account information with a third party, complete this waiver of confidentiality section. (This waiver need only be completed one time unless you are requesting changes to previous authorizations.)**

If you complete this section, you are waiving your right to confidentiality by authorizing the Bursar's Office staff to discuss with a person or persons you designate in this section, specific or general questions regarding your tuition & fee charges, payments, balance, waivers, refunds, or financial aid issues affecting your account. You must provide a password that both you and the designee(s) share that will allow us to request the password prior to discussing your account. We will only discuss your account with the person(s) you've listed in this section who know your password. If you do not want us to discuss your account with anyone other than yourself, do not complete this section. Indicate your password below and list the names of individuals who we may communicate with regarding your account:

Person # 1 (please print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Person # 2 (please print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Password: \_\_\_\_\_ Do you wish to withdraw any previous authorization? Yes \_\_\_ No \_\_\_ (Note: Yes, will withdraw all previous authorizations)

**Important Notice: After reading the enclosed Tuition and Fee information sheet carefully, you must read the certification statements on the reverse of this sheet and sign and date where indicated. This form will not be accepted without a signature and date. (Continued on reverse)**

Greenfield Community College-Bursar's Office  
Tuition & Fee Billing Worksheet and Confidentiality Waiver Form  
Term: Fall 2009

(Continued)

***Important Notice: After reading the enclosed Tuition and Fee information sheet carefully, you must read the certification statements below and sign and date where indicated. This form will not be accepted without a signature and date.***

**Student and/or Guardian certification statement:**

- 1) I am responsible for any charges shown on my account, including tuition, all fees, books, supplies and program fees.
- 2) If I become ineligible for any financial aid grants, loans, tuition waivers, or scholarships I've listed in Step 1 of this worksheet, I promise to pay any outstanding charges not paid by these resources.
- 3) If a payment has not been made on my behalf by the third party(s) I've identified in Step 1 of this worksheet, I understand that charges will be billed to me at the end of the term and I am responsible for paying any outstanding charges within 30 days from receipt of a bill.
- 4) I understand that if I've listed tuition waivers, scholarships, or payments by a third party, I must submit appropriate documentation by the bill due date with my payment before these resources can be counted as payment toward my bill.
- 5) I understand that if I am already enrolled in a comparable health insurance plan, I am responsible for waiving the health insurance charge shown on my bill. I also understand that I must waive this charge online before the charge will be removed from my bill.
- 6) I understand that my health insurance charge is paid last. Therefore, my health insurance coverage will not be in effect until my entire bill is paid in full and the payment is submitted to University Health Plans by the college on my behalf.
- 7) If I have signed up for the payment plan, I promise to remit each payment by the due date until my account is paid in full unless I've been awarded enough financial aid to cover all, or the remainder of my charges.
- 8) I understand that if I have completed the waiver of confidentiality section in Step 4 above, I am authorizing the staff in the Bursar's office (student billing) to discuss any and all financial issues related to my tuition and fee account with the party(s) I have indicated in that section.
- 9) I understand that if I do not pay my bill in full or if I do not abide by the terms of my payment plan or other payment agreement, Greenfield Community College will deny any additional services to me including; release of my grades for the current term, future enrollment, and official transcript requests.
- 10) I am aware that if my account becomes delinquent, it will be submitted to a collection agency and I will be responsible for additional collection charges.
- 11) I understand that if my account becomes delinquent, it will be submitted to the MA state debt intercept program which will result in the intercept of any state payments or future state tax refund due me to be transferred to Greenfield Community College to pay off my debt.
- 12) I have read and I understand the tuition and fee refund policy.
- 13) I understand that a partial refund of tuition only will be refunded to me if I drop a class during the period from the first day of the term and up to the last day to drop/withdraw from classes for a partial tuition refund.
- 14) I understand that there will be no refund at all if I drop a full semester class after the refund period has expired.
- 15) I understand that if I drop all of my classes prior to the start of the term, I will be responsible for paying the \$20 registration fee.
- 16) I understand that in order to receive a 100% refund (except the \$20 registration fee) of any or all classes, I must officially withdraw from classes by completing an official add/drop form with my advisor by at least one day before the term begins (not one day before classes begin).

I understand that by signing this certification section below I am agreeing to statements 1 through 16 above.

Student Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Return this completed worksheet with your payment**