

_____ (Official Use Only)

**Clarion University of Pennsylvania
Book Voucher Authorization**

This request can only be used prior to your refund disbursement.

Student's Full Name: _____

Student ID: _____

E-mail Address: _____

Cell Phone: _____

Mailing Address: _____

I, _____, authorize Clarion University of Pennsylvania, the amount that is advanced to and endorsed below to be used to cover institutional charges (e.g. required books and supplies). I understand that these funds are from my anticipated financial aid refund and are required to be used at the Clarion University Bookstore.

Student Signature _____ **Date:** _____

YOU ARE RECEIVING A VOUCHER THAT MUST BE REPAID

I further understand and agree:

1. If I decide to withdraw from Clarion University, I will be responsible for **all** charges.
2. I understand I am responsible for my charges if my financial aid is reduced or canceled due to a change in my enrollment status or eligibility and does not cover the amount I have charged.
3. The voucher will be automatically paid from **any** federal, state, institutional, or private financial aid proceeds if they are available after the voucher is posted to the student's university account.
4. The voucher shall be non-interest bearing.
5. Repayment can be made by the following methods:
Online - E-check, Debit Card, Credit Card (There is a fee for credit card payments.)
Parent/Guest Online Payments - Parents and guests must first be authorized by students to use the above mentioned online payment options.
Payments By Mail - Check payments may be mailed to: Clarion University, Student Financial Services, 840 Wood St., Clarion, PA 16214
Payments In the Office - Cash, check, or debit card payments can be made in person in the Student Financial Services office located on the first floor of Becht Hall. Credit card payments cannot be made in the office.
6. **Unpaid voucher balances are subject to university late fee and registration hold procedures.**
7. **Students with delinquent voucher accounts will not be permitted to register for courses, and academic records (transcripts and diplomas) will be withheld until the voucher has been repaid.**

For Bookstore Use Only

IT Report Date: _____ **Initials:** _____

Needs reviewed by Student Financial Services **Date:** _____

For Student Financial Services Use Only

Pending Aid \$ _____ **Charges \$** _____ **Voucher Amount \$** _____

Approval Signature/FA staff

Date

Any questions, please contact Student Financial Services at 1-800-672-7171 option 2

Clarion University is an affirmative action equal opportunity employer.

White copy – SFS

Yellow copy – Student

Pink copy - Bookstore

Online Students: Once completed, email form and I.D. to the Clarion University Bookstore at 1662mgr@follett.com