

ORANGE COAST COLLEGE
Student Account Request Form
Spring/Summer/Fall _____

I, _____, Student Identification Number _____ hereby request that Orange Coast College open a Student Account in my name for the 20__/20__ School Year.

- I understand all funds which I deposit, or which others may deposit on my behalf, with the Orange Coast College Bursar's Office, shall be maintained in an individual, non-interest bearing student account for my benefit for the purpose of paying for registration/tuition fees, bookstore class-related charges, and meals at the OCC Cafeteria.
- I understand that Orange Coast College will not advance any funds not in my account on my behalf.
- I understand that I am fully responsible for all charges accrued, and that I am prohibited from incurring charges when the balance of my Student Account is insufficient to cover such costs. I understand that the College is prohibited by law from advancing any funds on my behalf, including allowing my account to show a deficit for charges.
- I understand that Orange Coast College policies, including, but not limited to policies for class registration, refunds, withdrawal from classes, and bookstore purchases apply to the management of my Student Account. These policies include charges for deadlines for registration, withdrawal from classes, book refunds, and other charges.
- I understand that I will receive a monthly statement reflecting my Student Account activity during the previous month, including withdrawals, deposits, and available balance.
- I understand that Orange Coast College is providing a Student Account as a courtesy for my convenience, and may terminate this program at any time. I understand that I will receive any remaining balances from my Student Account within thirty (30) days of Account termination.
- I understand that at the end of each semester, Orange Coast College will either forward all remaining account balances to me at the address used for my enrollment/registration at Orange Coast College _____ Initial), (or), I hereby authorize Orange Coast College to carry-over all remaining funds on account as of the end of the school semester for the next semester in which I enroll at Orange Coast College _____ Initial). *(Please initial only one choice)*
- I hereby agree to fully hold harmless the Coast Community College District, its Board of Trustees, officers, directors, employees and agents from any liability whatsoever for the courtesy Student Account service that Orange Coast College will provide by my consent below _____ Initial).

By my signature below, I hereby agree to the Student Account terms and conditions as set forth in this Student Account Registration Form.

STUDENT ACCOUNT HOLDER SIGNATURE

Date: _____

