

Smith Book Loan Program

Please **DO NOT** write in text books

Semester _____ Student's Name _____
Student ID # _____ Program of Study _____
Two (2) Phone #'s _____ and _____
Email Address _____
Address _____

Are you Employed? Yes No

Please check (✓) the following boxes indicating that you understand the below conditions and will abide by them.

- I understand that the book(s) the College Foundation has purchased and/or loaned for my use **must be returned the day of the final exam in that class.**
- I understand that if I do not return these books, my student account will be **flagged.** All Pell Grants (FAFSA) and other financial assistance will be held until books are returned or paid in full. In addition I understand I may **NOT** be able to borrow books the next semester if they are not returned within a week past the due date.
- I understand that if I do not return these books, my student account will be **flagged** and I will **NOT be able to register for further classes or receive transcripts** until they are returned.
- I understand that when I return these books I must **return them to an actual person** in the College Foundation Office and NOT leave them on a desk.
- I understand that these books **may NOT be sold to the bookstore, given to a friend, or returned to another department on campus.**

Student Signature _____ Date _____

<u>Do not fill out this section, This Section will be filled out by staff</u>		
Prefix # (Example MAT 80)	Date Returned	Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____