



PROMISSORY NOTE

STUDENT ID: _____

STUDENT INFORMATION- please print legibly

Last Name:	_____	First Name:	_____
Mailing Address:	_____	Social Security Number:	_____
	_____	Date of Birth:	_____
Phone #:	_____	Driver's License #/State:	_____
Physical Address:	_____	Email:	_____
	_____	Previous Name(s):	_____

EMPLOYMENT INFORMATION

Employer:	_____	Position:	_____
Address:	_____	Phone #:	_____

SPOUSE OR PARENT INFORMATION

Spouse Name:	_____	Parent Name:	_____
Address:	_____	Address:	_____
Phone #:	_____	Phone #:	_____

REFERENCE #1	REFERENCE #2
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Name: _____ Address: _____ Phone #: _____ Relationship: _____	Name: _____ Address: _____ Phone #: _____ Relationship: _____
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ACCOUNT BALANCE SUMMARY AND PAYMENT SCHEDULE (<6 months)

Total Debt Owed: \$ _____	NOTES
<i>Payment Amount</i>	
<i>Scheduled payment date</i>	
\$ _____ / /	
\$ _____ / /	
\$ _____ / /	
\$ _____ / /	

STUDENT INITIALS: _____



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STUDENT ACKNOWLEDGEMENT

I authorize the University of Alaska to make any inquiries deemed necessary in connection with the review of information concerning my ability to make payment. I understand that any tuition and fees charged to a payment plan for the current semester are my responsibility. If I default on a payment plan or my financial aid fails to pay, I will be responsible for the total amount due. I agree to reimburse the University of Alaska the fees of any collection agency, which may be based on a percentage at a maximum of 40% of the debt, and all costs and expenses, including reasonable attorneys' fees, the University of Alaska incur in such collection efforts. _____ Initial here

In the event that I decide to withdraw from school for any reason, I will officially withdraw by completing the drop process through Enrollment Services & Accounting Services. I understand that a partial or complete drop after the first week of the full semester may not result in a refund to me or to any funding agency (see class schedule for refund percentages and timelines.) I will be responsible for any charges remaining on my account after the drop form is processed. _____ Initial here

I recognize this is a debt that must be repaid. I agree to pay the amount of the debt stated on the back of this note in installment payments on or before the due dates specified for each installment. I understand that installment amounts may change over time to account for any new charges, payments, or financial aid adjustments. I understand that my failure to pay this debt may prevent me from registering for classes anywhere in the University of Alaska system. _____ Initial here

The University may garnish my Alaska Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073. Past due debt may be reported to a local credit bureau. _____ Initial here

I agree to the payment plan installments as outlined above. I agree to pay.

Student Signature: _____ **Date:** _____

Email signed scanned copy to:

uaa_collections@alaska.edu

OR

Submit signed paper document to:

UAA Accounts Receivable
 PO BOX 141609
 Anchorage, AK 99514-1609
 (907)786-1440 opt 2