

STUDENT ACCOUNT ACKNOWLEDGMENT FORM

Please fill out this form and either fax it to Stud form to the Student Advocacy Center.	ent Accounts as (770) 426-2926 or return the completed
I, (print name), understand that , should I have a student account balance with Life University and fail to pay it in a timely manner, my account may be referred for collection activities, I acknowledge that, should this happen, I will be liable for all applicable collection agency fees and attorney fees necessary for the collection of these balances.	
I further understand and agree:	
collection agency fees and attorney fees necessary for the collection of these balances.	
STUDENT ID #:	DAYTIME PHONE #: