Acknowledgement Statement

I, _____ am responsible for any book advance charges that are advanced to me that may not be covered by the vendor, (VA ONLY). I understand and will adhere to Life Universities policies in regards to student account balances. Please sign and return this acknowledgment statement with a printout of book costs on or before the first week of the program.

This _____ day of _____ _____, 20_____.

Student Name: _____

Student ID #: _____

Phone: _____

Student Signature: _____

Student Accounts: Jennifer Steinbeck

Student Service Representative

Address: 1269 Barclay Circle

Marietta, GA. 30060

Phone: (770) 426-2667 ext. 1624

Student Account Representative Signature: _____