

EDP Damage/ Lost Assessment Fine Collection Form

Student Name: _____ Banner ID:@ _____

Student E-mail: _____ Student Phone Number: _____

Items Damaged: *Please list the specific assessment materials (be as detailed as possible, including forms, pens, pencils, etc.) Please attach more pages as needed.*

Item Name/Description	Price	Item Name/Description	Price

Total Cost of assessment items to be replaced/ fixed: _____

Signing this document gives you, the student, responsibility for paying the above listed costs for replacing or fixing the damaged assessment items within one week from signing. Failure to pay for these items will result in a hold on your student account until the fine is paid or an acceptable payment plan is established. A signature by an EDP staff member and copy of this document ensures that payment was received or a suitable payment plan has been established.

Student Signature _____ Date

For Office Use Only:

<input type="checkbox"/> Print outs of price per item damaged <input type="checkbox"/> Student paid via which method: <input type="checkbox"/> Personal check <input type="checkbox"/> Credit card <input type="checkbox"/> Cash	<input type="checkbox"/> A receipt was given to the student <input type="checkbox"/> A signed copy of this form was given to the student <input type="checkbox"/> Payment plan established: _____ _____ <input type="checkbox"/> Copy given to the Program Coordinator
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EDP Staff Signature _____ Date