## BLACK HAWK COLLEGE FINANCIAL AID AUTHORIZATION FOR ONLINE PURCHASES

Please complete entire form. Your SIGNATURE is REQUIRED in order for us to charge your financial aid account. Fax completed form to (309)796-5504 (QC Campus) or (309) 856-6005 (East Campus) or e-mail a scanned copy to bookstoregroup@bhc.edu.

	http://bookstore-east.bhc.edu		http://booksto	http://bookstore-qc.bhc.edu		
NAME			STUDENT IC	O#		
STREET ADDRESS		(MUST BE THE ADDRE	SS THAT IS ON FILE W	ITH ENROLLMENT S	ERVICES)	
CITY		•	ATE	ZIP		
SHIPPING ADDRESS		_				
CITY		51	TATE	ZIP		
PHONE NUMBER		E-I	MAIL			
COURSE NAME		COURSE NUMBE	R	SEC	CTION	
BIOL (example)	•	145 (example)		102 (6	example)	
			<u> </u>			
			<u> </u>			
***USED BOOKS WIL ***PLEASE ALLOW 5 ***SHIPPING FEES W	DAYS TO VERIFY AN	ID PROCESS THIS REC	QUEST IN ADDITION		1E!***	
I authorize Black Haw for the total charges ( agree that IF MY FINA PAY THIS CHARGEI for all collection and	books, supplies, and ANCIAL AID GRANTS WILL ASSUME FULL	d shipping fees) liste , SCHOLARSHIPS OR . RESPONSIBILITY FO	d and attached to the THIRD PARTY AGEN R PAYMENT. I will a	his invoice. I furth	er	

**DATE** 

**SIGNATURE**