# Book Check Exception Form

A manual book check is available to qualifying students during the first two weeks of the term. Book checks must be used to purchase required or recommended books and supplies for your enrolled classes. Book checks will take five business days to process and will be mailed to the address provided by the student. By signing this form your Follett book allowance will no longer be available through your campus bookstore.

Name: ____________________________ Student ID #: ____________________________

Courses: ___________________________ ___________________________ ___________________________ ___________________________ ___________________________

Please list the book(s) and supplies needed below, including title, ISBN, course and cost. Also attach documentation of book cost for each book requested.

<table>
<thead>
<tr>
<th>Book Title</th>
<th>ISBN</th>
<th>Course</th>
<th>Cost</th>
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Supplies: (Provide Description) ___________________________ Course: ___________________________ Cost: ___________________________

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<th>Supplies</th>
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Reason: ___________________________ Total Cost: ___________________________

If there is not at least $25 left on your Follett book allowance, a manual book check will not be processed. If your financial aid does not disburse within 60 days, you will be billed for the total amount of your book allowance used plus any manual book checks received. If your financial aid award is cancelled, you become immediately responsible for paying back the book allowance used plus any manual book check received.

I understand that by signing this form, my Follett book allowance will be terminated, and I will no longer be able to use the book allowance. I also understand that this manual book check must be paid back to the College, and that I am responsible for this debt if my financial aid award is cancelled, or is not enough to cover the cost of the total book authorizations.

Signature: ___________________________ Date: __________ Time: __________

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**FOR OFFICE USE ONLY**

Student Financial Services Office Signature: ___________________________ Date: __________

Finance Signature: ___________________________ Date: __________

Follett Signature: ___________________________ Date: __________

Follett Allowance Amount: ___________________________

Follett Comment: ___________________________________________

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