

Biola University Accounting Office Deferred Payment Information Form

This form is required for all students except those paying in full during registration.

I am requesting to use an approved payment plan for my tuition and other student account charges at Biola University. I understand that in doing so, I am entering into an educational loan with Biola University that is non-dischargeable under Section 532(a)(8) of the U.S. Bankruptcy Code.

Personal Information:

Last Name, First Name	Student ID	Social Security Number
Permanent Address (Street)	Birth Date	Driver's License No. & State
City, State & Zip	Email Address	Telephone
Spouse's Name (if applicable)	Maiden Name (if applicable)	Your expected graduation date (Month & year)

References: Complete address and telephone information are required.

Employer's Name and Address (if currently employed)	Business Telephone
Name and Address of Parent or Guardian	Telephone
Name and Address of a relative who does not live with you (over 18 years of age)	Telephone
Name and Address of a friend or relative (over 18 years of age)	Telephone

I authorize my creditors and employers to release to Biola University, by telephone as well as in writing, any information that they may require, including data on my current and previous credit history, employment and income. I authorize Biola University to retrieve my credit report as deemed necessary in the collection of a debt owed to Biola University. I further understand that use of a photocopy of this release may be necessary to verify one of more of my references. I authorize that use, and request that such a copy be honored fully as if it were an original, as long as I have an outstanding financial obligation with Biola University. I hereby waive my right to statute of limitations to the extent allowed by law. Under California Code of Civil Procedure Section 360.5, this waiver extends the normal statute of limitations for collection of an outstanding balance by four additional years.

I understand that Biola University is an educational institution, and I agree that any balance owing is an extension of credit by the University and is considered to be an Educational Loan under section 523 (a)(8) of the U.S. Bankruptcy Code. I agree to pay all charges on my Biola University account. I understand that finance charges may accrue as stipulated in the University catalog. I understand that the University reserves the right to withhold all transcripts and diplomas (services of the University) while there is an outstanding balance owed to the University unless otherwise provided by law. I approve the release of all required reports to any governmental agency.

I have read and understand the statements above. I certify that the information I have provided above is true and correct.

Student Signature: _____ Date: _____

Please return this form to the Biola University Accounting Office.