



**PARISH SCHOOL SYSTEM
TTE RECEIVABLE FORM**

Student Name _____ **Empl ID/W#** _____

Permanent Address _____ **Date of Birth** ____/____/____

City _____ **State** _____ **Zip** _____ **DL#** _____

SS# _____ **Daytime Phone** (____) _____

Cellular Phone (____) _____ **Evening Phone** (____) _____

Place of Employment _____

Employing School System/Parish _____

Tuition Receivable Amount: \$ _____

STUDENT'S RESPONSIBILITY:

PLEASE READ THE STATEMENT BELOW CAREFULLY BEFORE SIGNING:

I understand that if I drop, withdraw, or fail to complete the approved course(s) successfully (as required on the Application for Teacher Tuition Exemption form) for which tuition exemption has been granted, no tuition will be remitted to the University on my behalf by my employing agency and that **I will be responsible for payment of these fees to the University.**

Delinquent Accounts:

I agree and understand that failure to make payments of all debts to include this debt and/or prior semester debts will result in a block from early registration and that I will not be allowed to enroll in the University until such debts are paid. Furthermore, no academic records (transcripts, diploma, etc.) will be released until the debt is paid in full.

Collection Costs:

I understand that all costs associated with this or any outstanding debt, such as collection costs, court costs, and/or attorney's fees, will be assessed against me if referred for collection.

I (student) agree to the above terms and acknowledge receipt of at least one copy on today's date.

Student's Signature _____ **Date** _____

Controller's Office Approval _____ **Date** _____