

BOOKSTORE ACCOUNT VOUCHER REQUEST FORM

INSTRUCTIONS:

- To receive a bookstore account voucher you must be registered and have an eligible Financial Aid credit balance on your bill. If you have any questions regarding your Financial Aid, please contact the Office of Financial Aid.
- Established book vouchers will not be valid until **one week** prior to the first day of the term.
- Once the Bookstore Account Voucher Request Form has been received and verified at the Student Accounts Office, your account should be established at the campus bookstore within 24 to 48 business hours.
- The accounts are "frozen" approximately four weeks after the start of the term. At that time the amount is reduced to the actual amount spent.
- All Bookstore Account Voucher Request Forms must be processed by the Student Accounts Office a minimum of 48 business hours prior to the established date the accounts are "frozen".
- The maximum amount of money that you can request to have placed in the bookstore is \$1,000.00. If the cost of
 your books exceeds \$1,000.00 for the semester and you do have the available credit on your bill, you must
 come into the Student Accounts Office, located in Laffin Hall, room 226, to discuss the increase with a
 representative.
- A current, valid Farmingdale State College student I.D. card must be presented to the Barnes & Noble Bookstore
 cashier at the time of purchase of your books and educational supplies. No cash will be returned at that time. For
 additional information, please see the <u>Bookstore Account Voucher Information</u>.
- When purchasing books on the Barnes and Noble website, students will use their RAM ID number (omit the "R") in the SFA field.

To process your Bookstore Account Voucher Request, please complete the information requesed below and return the form to the Student Accounts Office (located in Laffin Hall, room 226), either in person, by mail, email from

your Farmingdale email account, or place in the Student Accounts drop box in Laffin Hall.

Aid no longer covers the amount of the bill, I remain fully liable for the amount used.

the requested Financial Aid credit on your student bill.

Last Name: ______ First Name: ______ *Voucher Request Amt: _____ Semester & Year: Fall ____ Spring ____ Summer ____ Year: _____ Date: _____ By signing this form, I acknowledge that I am authorizing the use of my financial aid funds, which may include

Title IV funds, to pay these charges. I acknowledge that if there is a change to my account and my actual Financial

*Please note that the amount approved is subject to the amount of available Financial Aid credit you have for the current semester. The approved amount may be lower than your original request or your request may be denied if you do not have

FOR OFFICE OF STUDENT ACCOUNTS USE ONLY

Amount Approved _____ Request Denied _____ Banner Input Date____ Initials _____