



Trinity College

HARTFORD CONNECTICUT

Office of Student Accounts
Phone: 860-297-2028
Fax: 860-297-5203

Student Billing Information and Responsibility Statement – Required

Billing Responsibility Statement: I am responsible for all costs incurred for tuition, fees, damages and other charges during my enrollment at Trinity College (less financial aid received). I understand that payments not made when due are subject to late fees and collection charges including attorney’s fees, if applicable. Bills for tuition, fees, room and board are payable before the opening of each semester on the dates shown in the College calendar. **Any individual who fails to pay all charges by the specified due dates will not be allowed to attend class, register, utilize campus facilities, be provided transcript or grade reports, or be allowed to graduate.** Any collection costs incurred by the College will be passed on to the individual responsible for the bill.

Student signature: _____ date _____

Student Name and Identification Number Information (Please Print)

Student’s Name: _____
Last, First, Middle Initial

Student Social Security Number: ___ - ___ - _____ or id# _____
(Please note that social security numbers are not used for student id numbers)

Billing Statement Address Information (Please Print)

A statement of charges and credits is mailed directly to the student at his or her home address, unless the student requests, in writing, that the billing statement be sent to a different and/or second address.

Billing/Home Address: _____

Supplemental billing address (Optional; if needed for second billing statement; other than home address):

Relationship to student: _____