

Student Accounts

Phone: 334-386-7165 Fax: 334-386-7955

Email: studentaccounts@faulkner.edu

Book Voucher Request

Student Name:	Student ID:	
Address:	City:	State:
Phone: Er	nail Address:	
By signing this document, I authorize the Faustudent account up to \$1,500.00 for this bookstore (Faulkner.ecampus.com) July 15,	ok voucher, which may ONLY	- ·
I understand that the book voucher advance against my financial aid awascholarship that will cover the full co	ard, chapter 31 VA benefits,	· ·
I understand that this voucher is to be textbooks/course materials (excluding semester courses.		
I understand that I am personally ob if I do not receive any financial aid, r aid, fail to enroll in classes, cancel m University.	eceive a reduced award, car	ncel or terminate my financial
I understand that any unused portio refund, but will be reapplied to my s		•
By my signature, I verify that I have read and agree to the above statements.		
Signature:	Date: _	
Office use only		
1. Verify signed R.A.	4. Add charge to	account
2. Verify adequate funds	5. Amount charg	ed
3. Program	6. Entered into b	ookstore