

# TEXTBOOK RESERVATION PROGRAM

## 1 CONTACT INFORMATION

Name: \_\_\_\_\_

Eagle Mail: \_\_\_\_\_@FVCC.edu

Phone Number: \_\_\_\_\_

We will not use email/phone # for marketing & will not share them with anybody.

## 2 TEXTBOOK INFORMATION \*

I prefer **NEW** books if available

I prefer **USED** books if available

I prefer **LOOSE-LEAF** books

I prefer **TRADITIONAL** books

I prefer **e-Books**

Loose-leaf books are cheaper than traditional, but have no cover – you'll need a 3-ring binder.

\*Substitution will be made if your preference isn't available

## 3 SHIPPING INFORMATION

I will pick up my books at the **FVCC BOOKSTORE (KALISPELL)**

I will pick up my books at the **LCC BOOKSTORE (LIBBY)**

Please ship to my house *(Fill out address box on right)*

## 3a ADDRESS ONLY REQUIRED IF SHIPPING TO YOUR HOUSE

No PO Boxes - \$9.00 for 1<sup>st</sup> book, \$2.00 for each additional book

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## 4 PAYMENT INFORMATION

I will pay for my books by **CASH, CHECK, OR CREDIT CARD** when I pick them up

I want my books charged to my **FINANCIAL AID** account (Pell Grant, Scholarship, Student Loan, etc.)

A **3RD PARTY** will be paying for my books (Voc Rehab, Job Service, etc.)

## 4a AGREEMENT

**IF YOU CHOSE FINANCIAL AID OR 3RD PARTY AS PAYMENT METHOD, PLEASE READ THE FOLLOWING AND SIGN BELOW:**

I authorize the Bookstore to deduct funds from my Financial Aid for items listed below. If for any reason I become ineligible for Financial Aid, or I do not have enough funding, I will be responsible for my charges at the Bookstore. I am aware that if this amount is not paid, I will not receive grades or transcripts and my charges may be turned over to collections. Based on Federal Financial Aid Regulations, I understand that I can only charge expenses associated with my courses for this semester. If a 3rd Party refuses payment for any of my books or supplies, I understand that my student account will be charged for them.

**Student ID#:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 5 COURSE INFORMATION

If your course schedule looks like this → then write this

	Course	Course Title
	ACTG-101 ~-01	Accounting Procedures I
	AHMS-144 ~-80	Medical Terminology

  

Department	Course #	Sec/Lec #	Instructor	Bookstore Staff Notes
ACTG	101	1	Rudolph	} Examples
AHMS	144	80	Ryan	

## 6 SPECIAL INSTRUCTIONS

Pick up reserved books by Aug 27th

Bookstore use only:

Filled by \_\_\_\_\_ Date \_\_\_\_\_