

**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 January 18

 Bookstore use only:  
 Filled by \_\_\_\_\_ Date \_\_\_\_\_