

DO THIS FIRST: Conditions of Registration

ALERT: Read all pages carefully as **Conditions of Registration** items have changed.

Financial Liability Agreement

* = Required

FINANCIAL LIABILITY AGREEMENT WHEN YOU REGISTER FOR CLASSES

I UNDERSTAND:

1. **By registering for classes, I incur a financial obligation and agree to pay any and all charges on my student account when due.**
2. **It is my responsibility to view my Student Account Activity and Statement on Warrior Web.**
3. **An email is sent via LCMail when Student Account charges are billed. I will not receive a paper billing statement.**
4. **The FEE PAYMENT DEADLINE**
 - **for Spring 2019 is January 18 2019, the fifth day of the semester.**
5. **It is MY obligation to confirm my balance is paid in full, or have signed a payment plan contract, by the fee payment deadline to avoid late fees. Details about payment options can be found on the [Student Accounts webpage](#).**
6. **Late fees will apply if I have a balance due after the fee payment deadline.**
7. **Class schedules may be cancelled for non-payment.**
8. **Check payments (paper and electronic) returned unpaid by the issuing bank are subject to a \$20 returned check fee. Returned checks, and credit card payments disputed by the cardholder, are subject to late fees and cancellation of classes as if the payment had not been made. Payment plan contracts will be voided if the down payment was made using an invalid payment.**
9. **Confirmation of attendance is required to receive or retain any pending or disbursed federal financial aid.**
10. **Intent to Attend is required by the published deadline in order to receive residual funds electronically before the semester begins or a paper check will be processed.**
11. **Residual funds released before the first day of class are limited to \$2,500; any remaining residual funds will be released after attendance is confirmed.**
12. **Any changes in my financial aid which creates a balance owed must be paid in full within 7 days.**
13. **I should contact Student Accounts for questions regarding fees, payment deadlines, late fees, residual funds and other student account activity or to**

request paper copies of federal notices and/or statements:

studentaccounts@lcsc.edu or (208) 792-2202 or (800) 933-5272 ext. 2202.

14. **If I want a third party to have access to my Student Account Activity I must designate the authorization using Person Proxy. Authorizations expire each year on June 30.**
15. **Failure to make a required payment by the stated deadline can result in late fees, cancellation of classes, holds on my transcript and/or degree and prevent me from registering for a future term. This includes any balances due as a result of federal regulations pertaining to Federal Financial Aid.**
16. **I will be required to pay the fees of any collection agency, which may be based on a percentage at a maximum of 33.3% of the debt, and all costs and expenses, including reasonable attorney's fees, incurred for such collection efforts. This agreement and terms are pursuant to Idaho state laws. I further understand that my delinquent account may be reported to one or more of the national credit bureaus.**
17. **I authorize the school, the department, and their respective agents and contractors to contact me regarding my loan, student account or any balance owed to Lewis-Clark State College including repayment of my loan and student account, at the current or any future number, either provided or acquired for my cellular phone or other wireless device, using an automated telephone dialing equipment or artificial or pre-recorded voice or text messages. I am responsible for keeping my school records up to date with my current addresses and phone numbers.**
18. **My agreement and enrollment action constitutes a qualified financial obligation between me (the student) and Lewis-Clark State College and all proceeds of this agreement will be used for educational purposes and constitutes an educational loan pursuant to 11 U.S.C. § 523(a)(8). As such, this obligation to repay funds received as an educational benefit is non-dischargeable in bankruptcy.**

Do you agree to be financially responsible as explained in the above policy?

If you do not agree, you will not be allowed to register.

* I agree*

Personal Information and Rights to Privacy

* = Required

I UNDERSTAND:

1. **My educational records are private and protected by the Family Educational Rights and Privacy Act (FERPA*) and other state and federal laws.**
 2. **By providing proxy authorization via the Person Proxy process on Warrior Web, I am sharing my personal information with a third party and that the information I am sharing may contain personally identifiable information.**
 3. **Proxy authorization expires annually on June 30 and must be renewed each academic year.**
 4. **Student information may be shared for educational purposes with third party vendors operating on behalf of LCSC. Data privacy measures are taken to ensure security of shared information.**
- **Find out more about your rights to privacy by reading [LCSC's Data Privacy statement](#).**

* I have reviewed the above information*

Health Insurance Policy

* = Required

Please read carefully as the Health Insurance Policy has changed.

The Idaho State Board of Education requires that Idaho institutions of higher education provide current information on vaccine-preventable disease. You may access this informational resource at: [Student Health Services Vaccines](#).

If you participate in one or more of the following programs you will be required to have current health insurance and asked to provide proof as a condition of enrollment or participation to the appropriate division(s).

- International Student
- Varsity Athletics
- Enrolled in Nursing or Radiographic Science Programs

LCSC no longer requires all students to have health insurance for full-time enrollment; however, it is strongly recommended. LCSC does not offer a student health insurance plan. If you need assistance finding a health care plan that meets your needs, visit [LCSC's Student Insurance webpage](#).

I UNDERSTAND:

1. **If I am required to provide proof of health insurance, the information submitted about the plan becomes part of my student record. Falsification of a student record is a violation of the Student Code of Conduct and could be grounds for dismissal.**
2. **That by providing proof of health insurance to my program, I have given my consent for authorized department employees to verify my health insurance coverage to confirm my plan is active.**
3. **If I am an international student, I am required to have a current health insurance plan. Failure to show proof of current health insurance may result in disenrollment from LCSC.**
4. **If I am a student participating in varsity athletics, I am required to have a current health insurance plan. Failure to show proof of current health insurance may result in becoming ineligible to continue to participate in varsity athletics.**
5. **If I am a student enrolled in Nursing or Radiographic Science programs, I am required to have a current health insurance plan. Failure to show proof of current health insurance may result in disenrollment from my current program**

of study.

Do you agree to maintain active and continuous health insurance coverage, if required, for the duration of your enrollment at Lewis-Clark State College?

If you do not agree, you will not be allowed to register.

* I agree*

LCSC Communication & Media Release

* = Required

LCMail*

I understand that LCMail (email) is the official communication method for LCSC (per policy 5.102) and a main source for contacting instructors and advisors, transacting campus business, and receiving news alerts and event announcements. Notifications from Student Accounts regarding federal financial aid, student statements and other student account transactions are sent and received through LCMail. **It is my responsibility to check my LCMail and respond promptly if/when necessary.**

Emails from current students (including requests to change an address) will be accepted from LCMail accounts only, in lieu of a hard-copy signature. The email from the student must include the student ID number within the body of the email. Students should not include their ID number in the email subject line.

Media Consent*

I consent to and understand that while attending LCSC I may be photographed, videoed, or recorded by authorized employees or agents of Lewis-Clark State College for purposes of publishing, copyrighting and distributing educational or promotional materials. Such materials, in which my image may appear without prior notification include, but are not limited to, the college website, recruitment and marketing publications, catalogs, articles, and brochures.

Texting Opt-In

Texting Opt-Out

I verify that the cell phone number below is accurate and will be used by LCSC for texting me alerts, important events and deadline reminders. The number of promotional texts will not exceed 20 per semester. Standard messaging and data rates may apply. Students can opt-out at any time by texting **stop**.

(000)000-0000

To update or correct your cell phone number, you must fill out a [Change of Name/Address Form](#) and submit it to the Registrar's Office by fax (208-792-2429), email (registrar@lcsc.edu), or in person (RCH 108)

LCSC Alcohol/Drug Policy

* = Required

Lewis-Clark State College subscribes to and endorses an alcohol/drug policy and all students are responsible for being aware of and complying with applicable federal and state laws, regulations, ordinances and institutional policies. The policies, laws and regulations regarding use of alcohol and drugs are located in the **Student Code of Conduct**, in the LCSC Student Handbook found on the [Student Affairs website](#) or in the current electronic **LCSC Catalog**, [Code of Conduct](#).

Specifics about alcohol and drug effects and the LCSC [Alcohol/Drug Policy](#) are located on the **Student Counseling Center website**.

Where to go for Help:

If you, or a friend, have questions or concerns about alcohol and/or drug use, abuse or dependency, please contact us to schedule a free assessment and/or an appointment at:

Student Counseling Center, (208)792-2211, 111 Reid Centennial Hall.

Click [here](#) for Additional Resources in the Lewiston/Clarkston area, Coeur d'Alene or national services.

I have read and am aware of the LCSC Alcohol and Drug Policy*

Address/Contact Information

Name:

ID:

Key for address type (description)

Home (permanent, home town, or parents address)

Local (current residence, physical mailing address)

If you have a P.O. Box address, you must also provide a physical mailing address. Follow directions for filling out a Change of Name/Address Form below.

Home Address

Students must provide a local address if different from home address.

Local Address

No Local Address on record

Cell Phone:

Home Phone:

Local Phone:

To update or correct your contact information, you must fill out a [Change of Name/Address Form](#) and submit it to the Registrar's Office by fax (208-792-2429), email (registrar@lcsc.edu), or in person (RCH 108)
