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E-mail: StudentFinancials@sienaheights.edu

BOOKSTORE AUTHORIZATION

TO Barnes & Noble

DATE: _____

Email: bookstore@sienaheights.edu

Please accept this as authorization to charge book(s) for the following student:

ID# _____ Name _____ Semester _____

Amount Authorized \$ _____

The charges will be billed to my student account by Student Financial Services at Siena. Charges may take up to 30 days to appear on your account. If any adjustments are made to my student account that impact my Financial Aid award or anticipated funds I understand that I am responsible for these charges. All return of materials for refund will be reversed against my student account.

Student Signature _____ Date _____

Processed by _____ Ext. _____ Date _____

Please return to Student Financial Services

Bookstore use only:

Total Amount of Charges _____ Date _____

Processed by _____

Need Itemized receipt Y / N

Return to: StudentFinancials@sienaheights.edu or Fax 517-264-7728