

**Financial Aid**

303 University Avenue, Newark, NJ 07102-1798

p: 973-877-3200

Room 3220 | www.essex.edu/fa**ESSEX COUNTY COLLEGE BOOK VOUCHER OPT-OUT FORM**

I acknowledge receiving notification of my eligibility to participate in Essex County College's Book Voucher Program, however I select to **"opt-out"** and not participate. Further, by selecting to "opt-out" or not using this voucher you hereby waive your eligibility to charge the cost of your books and supplies to your ECC account for the semester/term.

By signing this form I acknowledge and agree I will be responsible for purchasing my own books and supplies. Additionally, I will not be able to withdraw my agreement after receipt of any excess funds from the ECC Bursar's Office.

Authorization:

I certify that I understand the conditions and terms of declining my Book Voucher and I am declining my Book Voucher funds for the semester/term(s) indicated below (student must fill in correct year):

☐ Summer 2, 20____

☐ Fall, 20____

☐ Spring, 20____

☐ Summer 1, 20____

Student Name	Student ECC ID Number
Student Signature (Full, No Initials)	Date