

# Conditions of Registration

Financial Liability Agreement

Applies to 2022SU, 2022FA, and 2023SP terms

## 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 Fall or Spring semester is the fifth day of the semester.**
  - **for Summer semester is the first day of MY FIRST session, not the first day of my class.**
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 enrollment 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 via direct deposit 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 enrollment 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](mailto:studentaccounts@lcsc.edu) or (208) 792-2790 or (800) 933-5272 ext. 2790.
14. If I want a third party to have access to my Student Account Activity I must designate the authorization using Person Proxy. Authorizations not renewed by the student will expire annually on June 30th
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.

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**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.*

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I Agree

## Conditions of Registration

Personal Information and Rights to Privacy

**Applies to 2022SU, 2022FA, and 2023SP terms**

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 WarriorWeb, 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 (FERPA) statement., and the general LCSC's Privacy Policy statement.**

I have reviewed the above information

## Conditions of Registration

Health Insurance Policy and Vaccination Information

**Applies to 2022SU, 2022FA, and 2023SP terms**

**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: <https://www.lcsc.edu/student-health/immunizationsvaccinations/>

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 Health 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.*

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I Agree

## Conditions of Registration

LCSC Communication and Media Release

LCMail

### Applies to 2022SU, 2022FA, and 2023SP terms

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.

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Texting Opt-In       Texting Opt-Out

### Applies to 2022SU, 2022FA, and 2023SP terms

I verify that the cell phone number below is accurate and will be used by LCSC for texting me alerts, deadline reminders and important events that are critical to my academic success. (*Standard messaging and data rates may apply. Students can opt-out at any time by texting stop*).

555-555-5555

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

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### Applies to 2022SU, 2022FA, and 2023SP terms

While attending LCSC, students 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 include, but are not limited to, the LCSC website, recruitment and marketing publications, catalogs, articles, and brochures. Students who do not wish to be included in such publications are responsible for removing themselves from the event, classroom, or location where photography or video recording is taking place.

## Conditions of Registration

LCSC Alcohol/Drug Policy

### Applies to 2022SU, 2022FA, and 2023SP terms

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 [Drug and Alcohol Abuse Prevention Program \(DAAPP\)](#) are located on the **Student Counseling Center website**.

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### 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**  
**212 Sam Glenn Complex**  
**(208) 792-2211**

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

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

## Conditions of Registration

### Address/Contact Information

Name: Ima Warrior  
ID: 012356

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Key for address type (description)

Home (permanent, hometown, or parent 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 Address Form below.**

**Students must provide a local address if different from home address.** To update or correct your contact information, you must fill out a [Change of Address Form](#) and submit it to the Registrar's Office by fax ((208) 792-2429), email ([registrar@lcsc.edu](mailto:registrar@lcsc.edu)), or in person (RCH 108)

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#### Home Address

100 Warrior Way, Lewiston ID 83501

#### Local Address

No local address on record

Cell Phone: 555-555-5555

Home Phone: No home phone number on record

Local Phone: No local phone number on record

Conditions Complete