



# Debt Acknowledgement Form Business Office - Student Accounts

2500 Carlyle Avenue, Belleville, IL 62221  
618-235-2700, ext. 5367 • Fax 618-235-9481 • Email: [businessoffice@swic.edu](mailto:businessoffice@swic.edu)

I, \_\_\_\_\_, hereby confirm and acknowledge that I owe  
(student name)

Southwestern Illinois College, the following amount of money \$ \_\_\_\_\_

(terms associated with balance)

This amount is owed as of the date set forth below. This amount includes all accrued interest and other miscellaneous charges to date. I further acknowledge that there are no defenses to the amount owed or any credits or offsets against the amount owed.

Southwestern Illinois College shall be authorized to enter any confessions of judgment to where permitted by law against me for the amount owed.

Under the Public Act 103-0054: Student Debt Assistance Act transcripts will be released. I understand I have the choice to make payments or pay the balance in full with the following options:

- Pay Online through your [eSTORM](#) Student Center
- Payment by Phone 1-877-902-5949
- Payment by Mail & In Person

To avoid transaction fees, please pay with cash, check or money order.

Visit the Student Accounts page at [SWIC.edu](http://SWIC.edu) to access our:

- [One Time Online Payment Link](#)
- [SWIC Physical & Financial Hardship Appeal](#)

Student's Name (Printed): \_\_\_\_\_ SSN or SWIC ID \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Student's Permanent Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Student's Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Copy of Photo ID is required when submitting a completed form off campus**

Office Use Only:

ID Verified: YES / NO Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transcript Released: NSC / MAILED Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

BAA Comment Added Date: \_\_\_\_/\_\_\_\_/\_\_\_\_