

100 Seymour Road, Utica, New York 13502

[illegible]

SUNY Poly ID #: _____

(2) Amount Due on Semester Bill \$ _____

Total Semester Aid \$_____

Balance \$ _____

Allowed

_____ / _____ / _____

(2) **STUDENT CERTIFICATION:** I understand that I will not be permitted to register for any subsequent semester unless the amount deferred is paid in full, my failure to make scheduled monthly payments may result in the cancelation of current and future registrations. In accordance with college policy, your academic records will remain on hold until the account is paid in full. You will not be able to register or receive transcripts or grades until the hold is cleared.

DATE _____

DATE _____