



## Louisburg College Bookstore Voucher Program

<b>Student Name</b>	
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<b>Semester</b>	<b>Fall 2007</b>	<b>Book Number</b>	
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### **Statement of Student Responsibility**

*I agree that I have received my textbooks from Louisburg College Bookstore for the current semester. I agree to return all textbooks no later than the last day of exams of the current semester. In the event I do not return all items to the Bookstore by the last day of exams my student account will be charged for the full current retail value of the textbooks. I can write and highlight in my textbooks, however I can not tear any pages out.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

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### **Book Return Information:**

All returned:    ( ) Yes    ( ) No    Book Charges Due: \$ \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Bookstore Signature**

\_\_\_\_\_  
**Date**