ASU BOOKSTORE ORDER FORM

Type of Aid: _____Pell Grant/Student Loan
_____G.I. Dependent
_____Vocational Rehab

Ship to Me _____ **I Will Pick it Up**_____

Address(only if shipping):
Name _____

Street(No P.O. Box) _____

City,State, & Zip _____

List Courses Below:

Course Reference Number	Subject	Course Number	Preference New/Used
Ex) 10170	AC	321	USED

**I already have Livetext _____Yes _____No

By signing this form I authorize the ASU Bookstore's access to my student account to obtain my Financial Aid information for the current term. I also authorize my Financial Aid Account Manager to debit my student account for the actual book costs, taxes, plus any shipping and handling charges incurred.

Name _____ **Ph # (__ __ __)__ __ __ - __ __ __ __**
(printed)

Signature _____ **Date** __ __/__ __/__ __

Student I.D. Number __ __ __ __ __ __ __ __ **Total $**_____
(store use)

THIS FORM SHOULD BE FAXED TO THE UNIVERSITY BOOKSTORE
(256) 233-8259