

ASU BOOKSTORE ORDER FORM

Type of Aid: _____ Pell Grant/Student Loan
 _____ G.I. Dependent _____ TAA/WIA
 _____ Veterans Rehab. _____ Vocational Rehab.
 _____ Other (write in account name)

Ship to Me _____ I Will Pick it Up _____

Address (only if shipping):

Name _____

Street (No P.O. Box) _____

City, State, & Zip _____

List Courses Below:

REGISTER TO RENT: rental.bkstr.com

Course Reference Number	Subject	Course Number	Preference New/Used	Rent(MUST be registered)
Ex) 10170	AC	321	USED	Yes

**I already have Livetext _____ Yes _____ No /Rental Patron ID# _____

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/SCANNED INTO EMAIL TO THE UNIVERSITY BOOKSTORE (256) 233-8259(fax)/bookstore@athens.edu