



Academic Success & Course Materials Policy

Statement of Responsibility & Opt-Out Authorization

By signing this authorization, pursuant to Department of Education rule §668.164(c)(2)(i)(C), you hereby waive your right to full access privileges for one academic year and accept responsibility for directly procuring all qualified materials by the first day of class. You may be asked to provide proof of compliance since waiving your right to access privileges does not waive your responsibility to comply with the policy that every student has an individual copy of all group-assigned content.

Please Initial:

- ☐ **1)** I understand the balance adjustment for which I qualify will be applied to my account after the census date each semester.
- ☐ **2)** I understand the balance adjustment does not change my responsibility to procure all *qualified materials* by the first day of class, and I agree to do so.
- ☐ **3)** I understand items from the Course Materials Library are for individual use only, and borrowing these items from other students is a violation of this policy for both parties.
- ☐ **4)** I understand items from the Course Materials Library are protected by copyright, and scanning or photocopying any part of these items may violate copyright law.
- ☐ **5)** I understand the Student Dashboard for the Course Materials Library is the official source of information about which *qualified materials* I am responsible for procuring directly.
- ☐ **6)** I understand all *non-qualified materials* *will* be provided for me from the Course Materials Library, and no refund will be offered if I mistakenly acquire copies of those materials.
- ☐ **7)** I have read and understand the conditions associated with this option. I realize Bluefield College will process this request and *qualified materials* will not be reserved for my use.
- ☐ **8)** I understand if I change my mind and wish to have full access to the Course Materials Library, it is my responsibility to contact BC Central no later than 45 days before the first day of class to sign the cancellation authorization section of this form.

Authorization: I agree and hereby waive my right to full access privileges for one academic year and accept responsibility for directly procuring all qualified materials by the first day of class.

Student ID: _____	Witnessed By: _____
Full Name: _____	Full Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

I agree to CANCEL this authorization. By cancelling this authorization no later than 45 days before the first day of class, I will get full access to the Course Materials Library.

Student ID: _____	Full Name: _____
Signature: _____	Date: _____
Witnessed By: _____	Date: _____