



Co-Signer Agreement

This agreement is attached to and a part of the Registration/Enrollment form dated _____ between the North Alabama Dental Assisting Program (NADAP) and _____ (student). Student is enrolling in the program beginning on _____ (date of program commencement).

Co-Signer Name _____

Relationship to Student Applicant _____

Student payment schedule: \$_____/Saturday class

Co-Signer agrees to unconditionally, absolutely and continually guarantee the performance by Student of all obligations under the School Catalog, including but not limited to timely payment of the tuition due.

Co-Signer agrees that any suit or action brought on this Agreement may be brought in any state or federal court sitting in the county in which the school is held. Co-Signer agrees to pay all costs and attorney's fees incurred by NADAP in enforcing the Enrollment agreement.

X _____
Co-Signer Signature Date

X _____
Printed Name Date

Co-Signer Information (please print all information):

Full Name: _____

Home Phone: _____

Cell Phone: _____

Driver's License #: _____

SSN: _____

DOB: _____

Home Address:

Street City Zip Code

X _____
I certify that the above information is correct and complete and I authorize NADAP to make inquiries necessary to process and verify the above information. I have given NADAP permission to obtain the following: Credit Report