## MONTANA BOARD OF REGENTS OF HIGHER EDUCATION SURETY BOND FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS

	Bond #		
Name of Institution			
Street, City, State, Zip(Address			
(Addr	ess of Authorized Site	9)	
KNOW ALL MEN BY THESE PRESENTS:			
That we,, as I (Name of Institution)	Principal, and		, a
(Name of Institution) corporation, qualified and authorized to do business in the State of Montana Board of Regents of Higher Educ (\$10,000) to the payment whereof well and truly to be m successors and assigns, jointly and severally, firmly by	the State of Moration, in the just a nade we bind our	ntana, as Surety, ar and full sum of Ten	e held firmly unto Thousand Dollars
The condition of the above is such that, if the a authorization pursuant to § 20-25-107, Montana Code to operate a postsecondary institution in the State of I Education shall not cause loss of any tuition or fees to a then this obligation shall be null and void; otherwise to	Annotated, and N Montana by the N ny student or enr	Montana Board of Ro Montana Board of F rollee or his or her pa	egents Policy 221 Regents of Higher
The liability of said Principal and the Surety harmonic parent or guardian shall not exceed the unearned por regardless of the number of years that this bond is in for no event exceed the penal sum of this bond.	tion of tuition an	d fees paid or liable	e to be paid, and
This bond shall be continuous unless the So	urety is released	as hereinafter set fo	orth.
The Surety on this bond shall be released a Montana Board of Regents of Higher Education, at lea shall not discharge or otherwise affect any claim filed b for loss of tuition or any fees which occurred while this	ast sixty (60) day y a student or en	s prior to such releated releated in the releated in the release or his or her p	ase. Said release
IN WITNESS WHEREOF:			
The said Principal has hereunto set his hand, a be signed hereto, and has caused its corporate seal to (name of Surety agent)			orporate name to,
its duly authorized(Agent or Attorney in Fact)	, this the	day of	, 20
SURETY SEAL			
Name of Corporate Surety			
Address (street, city, state, zip)			
Phone number of Agent or Attorney in Fact			
Name of Agent or Attorney in Fact (please prin	t)		

Signature	Date	<del></del>	
NOTARY SEAL State of	_ County o	f	
I.	. a Notary Public in and	for the County and State aforesaid, do	
	, annexed, for, a		
corporation, bearing date, the	_ day of,	20, in my said county, before me	
acknowledged the said writing to be the	e act and deed of said corpor	ation.	
Given under my hand this	day of	, 20	
Notary Signature	Commission Exp	pires	
PRINCIPAL			
Principal (name of school)			
Authorized School Official (ple	ase print)		
Signature	Date		
NOTARY SEAL State of	County o	of	
l,	_, a Notary Public in and for t	he County and State aforesaid, do certify	
that, who	se name is signed to the writir	ng above or hereto annexed, bearing date	
on the day of	, 20, has this day ackno	owledged the same before me in my said	
county.			
Given under my hand this	day of	, 20	
Notary Signature	Commission Ex	cpires	