



Student's Name: _____ Social Security No.: _____

Note: Signing any one of these authorizations is OPTIONAL and is not required for admission, enrollment, receipt of financial aid or receipt of other services at this institution.

A Title IV credit balance occurs when the combined sum of credited Title IV funds exceeds the student's allowable institutional costs (that is, tuition, fees, as well as other costs toward which the student has authorized the institution to apply Title IV funds).

AUTHORIZATION TO CREDIT TITLE IV FUNDS TO ADDITIONAL CHARGES

I give permission to apply Title IV financial aid funds to books and other charges that appear on my student account. I understand that I may cancel or modify this authorization at any and receive monies due me in full within 14 days of the cancellation.

Student's Signature Date

AUTHORIZATION TO HOLD TITLE IV FUNDS FOR ADDITIONAL CHARGES

I understand that once my tuition and fee charges have been paid, my account may have a credit balance.

Please retain the credit balance on my account to cover educational expenses that I will incur prior to the end of this academic year to assist me in managing my educational funds.

I understand that I may modify or cancel this authorization at any time and the credit balance on my account will be issued to me in full within 14 days of the cancellation of this authorization.

Student's Signature Date

Credit Balance Return

If a credit balance occurs as a result of my withdrawal or Graduation from the University, I am requesting that any excess funds are returned to the appropriate Title IV source. In the case of Federal Loan this will reduce my outstanding loan debt. I understand that I can rescind this authorization in writing at any time.

Student's Signature Date