**Student Title IV Authorizations**

As a recipient of federal student aid (also called Title IV funds), you have options regarding how some of the aid is applied to your student account. [SCHOOL NAME] needs to know your responses to the following statements in order to handle your funds in the manner you prefer. Please note that you may grant or rescind these authorizations at any time. Changes must be submitted in writing. You may submit an updated version of this form (or other written authorization) in order to make these changes. This form and any subsequent changes must be submitted to the business office at [SCHOOL NAME]. Authorizations or changes become effective on the date the written notification is received by the business office and cannot be applied retroactively. For compliance purposes, we must assume that if you leave any response blank or you do not submit this form, you have not agreed to the authorization(s).

*For questions about these authorizations or your student account, contact the business office at XXX-XXX-XXXX.*

*For questions about your financial aid (grants, scholarships, loans), contact the financial aid office at XXX-XXX-XXXX.*

Please mark one box for each item below to indicate whether you authorize [SCHOOL NAME] to take the action described, or whether you decline/rescind the authorization.

1. **Authorize Decline/Rescind**  I authorize [SCHOOL NAME] to apply Title IV funds in excess of my current term charges (i.e., a credit balance) to pay unpaid charges (if any) on my student bill that were incurred during the prior term or aid year, up to a maximum of $200. I understand that if the amount of unpaid charges exceeds my available credit balance or $200, I will still owe payment to [SCHOOL NAME] for any remaining, prior-year charges.
2. **Authorize Decline/Rescind**  I authorize [SCHOOL NAME] to hold Title IV funds in excess of my current term charges (i.e., a credit balance) to be used as payment for charges in a future term within the current financial aid year or loan period. I understand that I may request a refund of any actual excess funds by submitting a written request for a refund to the business office. I understand that [SCHOOL NAME] has 14 days from receipt of the written request to deliver the funds to me in a refund check. I also understand that [SCHOOL NAME] will refund any excess Title IV funds to me at the end of every aid year or loan period as required by federal regulations.
3. **Authorize Decline/Rescind** I authorize [SCHOOL NAME] to apply Title IV funds to pay non-institutional charges on my student account. Non-institutional charges include (but are not limited to): fines (e.g., library, parking, etc.), fees, interest, and other charges. I understand that if I do not grant this authorization, I will have to pay these types of charges using non-Title IV funds (e.g., cash, check, or credit card).

*Student Signature Date*

*Student Name (Print) Student ID or Social Security # (voluntary)*

*Student Phone Number*

Please return this fully completed form to:

Business Office

[SCHOOL NAME]

[Street Address]

[City, State Zip Code]

*This form was developed by* [*The Evans Consulting Group, Inc*](http://www.evansconsulting.org/)*.*