

# STUDENT AUTHORIZATIONS

For Students Receiving TITLE IV Federal Student Aid Funds

Student: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Last name First name MI

## AUTHORIZATION TO HOLD A FEDERAL STUDENT AID CREDIT BALANCE

Through this document, you will advise (school name) \_\_\_\_\_ how you would like the school to manage the Title IV Federal Student Aid (FSA) credit balance on your student account.

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 and contracted room and board, as well as other costs toward which the student has authorized the institution to apply Title IV funds).

Unless a student or parent (in the case of a Parent PLUS loan) authorizes a school to hold a credit balance, the credit balance must be paid to the student or parent as soon as possible but no later than 14 calendar days after the balance is created (or 14 calendar days after the first day of class if the credit balance was created before the first day of class).

This form, if signed by you, authorizes the school to retain an FSA credit balance and pay it to you (the student or parent, as applicable) in accordance with the school's procedure for paying FSA credit balances.

A student or parent has the right to withhold agreement from all or part of this authorization. If you elect not to authorize the school to hold your FSA credit balance, the funds will be paid to you (the student or parent as applicable) within the 14-day period noted above. Note that if you elect not to sign this form or if you later cancel your authorization, you will be required to pay any outstanding charges to the school per school policies and any other authorizations you have made.

This authorization will remain in effect for each subsequent payment period unless you withdraw it. However, in no case will the school hold an FSA credit balance of loan funds beyond the end of the loan period, nor an FSA credit balance of other funds beyond the end of the last payment period in the award year for which the funds were awarded.

This authorization may be withdrawn at any time by providing a written request to the following address:

School name \_\_\_\_\_  
Title of school official \_\_\_\_\_  
Mailing address of school \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Or, you may send an email to: \_\_\_\_\_  
School official name Email address

If you withdraw your authorization, the school will deliver any remaining credit balance to you within 14 days. (Note that your cancellation is not retroactive.) If you withdraw from enrollment at the school, any credit balance will be issued within 14 days of when the required "Return to Title IV Funds" calculation is performed.

I voluntarily authorize the above referenced school to hold and manage my FSA credit balance as described above, and I acknowledge that interest will not be earned on these balances.

\_\_\_\_\_  
Student Signature Date Parent Signature Date

## AUTHORIZATION TO CREDIT TITLE IV FEDERAL STUDENT AID FUNDS TO ADDITIONAL CHARGES

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

\_\_\_\_\_  
Student Signature Date Parent Signature Date