

## Authorization for Charges using Federal Student Aid

Date:\_\_\_\_\_

Student Number:\_\_\_\_\_

Student Name:\_\_\_\_\_

***Please initial beside and complete your authorization preference:***

\_\_\_\_ I, \_\_\_\_\_, AGREE that by signing this authorization, I authorize the use of Title IV Federal Student Aid funds to pay for allowable educationally related charges **other than** tuition, fees, and room and board (ie. Text book charges). Title IV aid includes Federal PELL grant, Subsidized and Unsubsidized Direct Loans, and the Federal Supplemental Educational Opportunity Grant. This authorization applies only if I am eligible to receive such aid. (Code of Federal Regulations: 34 CFR 668.165(b))

\_\_\_\_ I, \_\_\_\_\_, DO NOT give Lamar Community College permission to apply additional charges to my student account using my Title IV Federal Student Aid. I understand I will not be allowed to charge to my account and will be expected to resolve the charges on my own through the Lamar Community College Accounts Receivable Office.

***Upon agreeing to this authorization please read and initial the following:***

\_\_\_\_\_ I understand I may cancel this request at any time and may do so by contacting the Financial Aid Office at Lamar Community College at (719)336-1590.

\_\_\_\_\_ I understand I may modify this request at any time I see fit. This may occur by contacting the Financial Aid Office at Lamar Community College at (719)336-1590.

\_\_\_\_\_ I understand changes or modifications made to this authorization will be effective on the date the request is made. Charges applied to my student account prior to the cancellation or modification of this authorization will stand as previously authorized.

\_\_\_\_\_ I understand I am signing this authorization for the entire length of time I am a student at Lamar Community College, unless modified or cancelled by myself.

\_\_\_\_\_ I understand that regardless of any authorization obtained by Lamar Community College, the school must pay any remaining balance on Federal Student Aid loan funds by the end of the loan period and any other remaining FSA program funds by the end of the last payment period in the award year for which they were awarded.

Student Signature:\_\_\_\_\_

Date:\_\_\_\_\_