

## Student Federal Authorization Form

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ID#: \_\_\_\_\_ Name: \_\_\_\_\_

This authorization is valid from the date of signing through the date of graduation. Student has the right to rescind the following authorizations at any time by submitting a withdrawal of consent in writing to the Financial Aid Office. This form must be submitted before aid will disburse to your account.

### **(1) PRIOR YEAR CHARGES AUTHORIZATION:**

Federal Title IV financial aid funds are restricted to payment of current period tuition, fees, room and board. Students may authorize use of these funds for prior period expenses. To enable Fontbonne University offices to use your Title IV financial aids funds in this manner, please indicate your choice below.

*Please check one:*

\_\_\_\_\_ I authorize Fontbonne University to use Federal Funds/aid for prior year charges  
(not to exceed \$200 for prior year charges)

\_\_\_\_\_ I do not authorize Fontbonne University to use Federal Funds/aid for prior year charges.

### **(2) FEDERAL FUNDS AUTHORIZATION:**

Program regulations permit students to authorize use of Title IV financial aid funds for non-institutional expenses such as books and supplies, parking fines, or campus debit systems such as the debit Card program. If you are eligible for Federal financial aid in excess of tuition and fees, and you wish to use this excess to cover other charges (e.g. books, insurance, parking, laptop fees, resident life fines, etc.), you must authorize Fontbonne University to pay these charges from your account balance. **You may rescind this authorization at any time prior to incurring such charges, but you may not cancel it once such charges have been made on your behalf.** This authorization is valid for funds in excess of tuition and fees, based on your financial aid eligibility and enrollment status.

*Please check one:*

\_\_\_\_\_ I authorize Fontbonne University to apply the credit balance derived from Federal funds/aid to charges to my student account for other goods and services.

\_\_\_\_\_ I do not authorize Fontbonne University to use the credit balance derived from Federal Funds/aid to charges to my student account for other goods and services.

\_\_\_\_\_  
**Student Signature**  
*(Must be signed in ink)*

\_\_\_\_\_  
**Date**

### **Financial Aid**