FINANCIAL AID AUTHORIZATION FORM

______________________________________
Student Name

______________________________________
UA ID Number (8 digits)

I authorize the University of Alaska Fairbanks to use federal Title IV funds (Pell Grant, SEOG, Stafford Subsidized and Unsubsidized Loans, ACG, SMART Grant, TEACH Grant) awarded to me to:

1. Pay non-institutional charges that include but are not limited to library fines, parking fines, late fees, and emergency loans.

   □ YES  □ NO

2. Pay minor prior-year charges incurred on my account of less than $200. Payment of minor prior-year charges over and above $200 must not prevent payment of current year costs.

   □ YES  □ NO

3. Hold Title IV financial aid credit balances (excluding PLUS Loans) that exceed allowable (i.e. tuition and fees) institutional charges rather than forwarding refund to mailing address.

   □ YES  □ NO

I have read the above statements and understand that:

• This authorization covers my entire academic career at UAF (unless there is a cessation in my enrollment).
• I must submit another authorization form if I wish to rescind this one.
• Rescinding this authorization is valid as of the date received and is not retroactive.

______________________________________  _____________________________
Student Signature       Date