

MOREHOUSE COLLEGE TITLE IV FINANCIAL AID AUTHORIZATION FORM

This authorization shall remain in effect for the duration of the student's matriculation at Morehouse College, or until the student rescinds the authorization in writing. **The student should complete each of the three sections.**

Statement for Applying Title IV Funds to Non-Allowable Expenses

☐ / ☐ / I authorize Morehouse College to apply my financial aid proceeds to any current charges for related educational activities and services, including books and supplies, parking, and other miscellaneous cost.

☐ / ☐ / I do not authorize Morehouse College to apply my financial aid proceeds to current charges for related educational activities and services, including books and supplies, parking, and other miscellaneous cost.

☐ / ☐ / I rescind my authorization to have Morehouse College apply my financial aid proceeds to all current charges for related educational activities and services, including books and supplies, parking, and other miscellaneous costs.

Statement for Applying Current Year Title IV Funds to Prior Year Expenses

☐ / ☐ / I authorize Morehouse College to apply my financial aid proceeds to selected expenses of my prior term balance.

☐ / ☐ / I do not authorize Morehouse College to apply my financial aid proceeds to selected expenses of my prior term balance.

☐ / ☐ / I rescind my authorization to have Morehouse College apply my financial aid proceeds to selected expenses of my prior term balance.

Authorization to Hold the Credit Balance from Title IV Financial Aid Funds

☐ / ☐ / I authorize Morehouse College to retain in my account any financial aid proceeds which are in excess of current year charges **until further notice**. I also understand that I must complete another copy of this form to rescind this authorization. **Recommended for students on scholarships, payment plans, and break-even budgets.**

☐ / ☐ / I do not authorize Morehouse College to retain in my account any financial aid proceeds that are in excess of current year charges. **Important Notes:** Any eligible credit on the account will be refunded to the student automatically, or to the parent if requested. If the refund is to go to the parent, a letter indicating that should be signed by the **dependent student and parent** and submitted along with this form.

☐ / ☐ / I rescind my authorization to have Morehouse College retain in my account any excess financial aid proceeds.

Check this option only if you subsequently wish to receive refunds from your account.

Notes: All students should complete this form - **the dependent student and his parent and the independent student**. Parents of the independent student should not complete this form. Federal guidelines are used to determine dependency status.

Student's Printed Name

Student's Signature

Month/Day/Year

Student's Morehouse Identification Number

Parent's Printed Name

Parent's Signature

Month/Day/Year

RETURN SIGNED COPY TO: Morehouse College, Office of Student Financial Services, 830 Westview Drive, SW, Atlanta, GA 30314. This form may also be faxed to us at (404) 653-7740.

06-18-2012