



Financial Aid Authorization Form

Name _____ Student ID# (LoLA #) _____

Home Phone _____ Cell Phone _____ Email Address: _____

Section A. Important Financial Aid Information

Funds received under the Title IV programs include Federal Stafford Loans, Federal PLUS loans*, Federal Pell Grant and Federal SEOG Grant. If you have a Title IV credit balance from the disbursement of these funds to your student account at any time during the school year, the College is required by the government regulations to obtain your permissions to apply the credit balance to prior year or future term charges. If you do not grant authorizations, your federal financial aid and loans cannot be used to pay for charges other than tuition and fees. This may negatively affect any financial plan you have in place. If you have any questions about this form or about Title IV funds you have received, please contact financialaid@cltcc.edu.

By My Signature Below:

- I acknowledge and understand that if I resign from CLTCC, either officially or unofficially, before completing more than 60% of the semester, I will owe money to the Federal Aid programs and CLTCC.
I have read and understood the CLTCC Policy for Financial Aid Satisfactory Academic Progress, or SAP (available online at www.cltcc.edu, or you may request a copy from the Financial Aid office). I understand that I must comply with this policy in order to maintain eligibility for Federal Financial Aid.
I understand that dropping courses or resigning from the college may affect my financial aid eligibility. It is my responsibility to check with the Office of Financial Aid prior to dropping courses or resigning from the college.
I understand that the Office of Financial Aid may, at any time, verify the information that I submit on my Federal Financial aid application and that any errors and/or conflicting information discovered during the process of verification must be corrected.
I understand that I may not receive Title IV aid at two schools at the same time. I certify that I am not receiving federal aid at another school while receiving aid at CLTCC.

Signature _____

Date _____

Section B. Authorizations

I authorize CLTCC to use any Title IV fund credit balance to pay any current institutional charges that I incur, such as but not limited to parking, medical insurance, replacement ID's, late fees, book vouchers, or other miscellaneous fees. If all current year institutional charges are paid, I further authorize any Title IV fund credit balance to pay any minor outstanding college charges from prior years not to exceed \$200.

I, _____ [] Agree [] Disagree with the above statement

I authorize CLTCC to retain any excess Title IV funds on my account to pay for charges incurred in the academic year in which the credit balance occurred.

I, _____ [] Agree [] Disagree with the above statement

I understand that this authorization to apply Title IV funds to and retain Title IV credit balances on my account is voluntary and remains in effect for the duration of my CLTCC education. I further understand that I can change or rescind these authorizations by contacting the Financial Aid Office in writing.

Signature: _____

Date _____