



## Title IV Authorization to Release Non-Institutional Charges and Prior Year Charges

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

The Department of Education requires all institutions to follow certain guidelines when crediting Title IV funds to a student's account. Title IV funds include Federal Stafford Loans, Federal Parent PLUS Loans, Federal Pell Grant, Federal Supplemental Educational Opportunity Grant (FSEOG), Federal Academic Competitiveness Grant (ACG), and Federal Work Study (FWS).

### **Authorization to Apply Federal Financial Aid to Non-Institutional Charges**

Federal student financial aid typically only covers institutional charges as defined by the U.S. Department of Education including current year charges for tuition and fees, and on-campus room and board. By signing this agreement, I authorize federal student aid to cover additional related educational charges such as:

- *Health Insurance Fee*
- *Library Fines*
- *Damage Fees*
- *Late Registration Fees*
- *Lab Fees*
- *Returned Check Fees*
- *Mailbox Fees*
- *Lost Key Fees*
- *Any other related charges*
- *Department or college fees not associated directly with taking a class.*

### **Authorization to Apply Federal Financial Aid to Prior Year Charges**

Federal student financial aid can only cover the current academic year institutional charges as defined by the U.S. Department of Education. If you have prior year charges that are unpaid, you may authorize the school to pay prior year charges with your current academic year's financial aid **up to a maximum of \$200.00**. By signing this form, you authorize Southeastern Bible College to apply up to \$200.00 current academic year's financial aid to prior year's charges for tuition, fees, room, and board and other educational related charges.

**I understand that this authorization will remain in effect throughout my Southeastern Bible College student career until such time as I submit a written request to cancel this authorization.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: You may modify or revoke this authorization at any time by notifying the Office of Financial Aid in writing at the address below.**