

TITLE IV AUTHORIZATION

Deadline: June 30

Print and sign this form and send to Financial Services by scanning and emailing to **finsrv@allegheny.edu** or mailing to **Allegheny College, Financial Services, 520 N. Main Street, Meadville, PA 16335**.

Federal Title IV financial aid funds include Pell Grants, SEOG, Direct Loans (subsidized and unsubsidized), and PLUS Loans. Any of these funds received by an institution are automatically applied to current semester tuition, fees, and on-campus room and board. Federal aid is applied to students' accounts no earlier than one week before the first day of classes and no later than three days after receipt of funds.

By signing below, you authorize Allegheny College to also hold a credit balance on your account until you request it and to apply your Title IV financial aid funds for other educational expenses, such as books, lab fees, music fees, parking, and library fines, minor prior year expenses, etc.

Student's Authorization to Credit Account

I authorize Allegheny College to apply my Title IV funds to all institutional charges, direct and discretionary, on my account and to hold a credit balance on my account until I request it. This authorization will remain in effect for all periods of enrollment at Allegheny College. I provide this authorization voluntarily and understand I have the right to rescind any or all parts of this request in writing to the Financial Services Office. Cancellation or modification is effective on the date Allegheny College receives this request.

Clearly Print Student's Name

Allegheny Student ID #

Student Signature

Date

Parents' Authorization to Credit Account

I authorize Allegheny College to apply my PLUS funds, should I take out a PLUS Loan during my student's enrollment time at Allegheny College, to all institutional charges, direct and discretionary, on his/her account and to hold a credit balance on his/her account until I request it. This authorization will remain in effect for all periods of enrollment at Allegheny College. I provide this authorization voluntarily and understand I have the right to rescind any or all parts of this request in writing to the Financial Services Office. Cancellation or modification is effective on the date Allegheny College receives this request.

Clearly Print Parent's Name

Parent's Signature

Date

Clearly Print Parent's Name

Parent's Signature

Date