



AUTHORIZATION AND APPLICATION OF TITLE IV FUNDS

Student Name _____ ID Number _____
(Please print full name)

To give your authorization, please check the box(es) below.

STUDENT

If I receive federal Title IV funds that are in excess of my tuition, fees, and housing (if applicable), I want these funds applied to my account for books, and other non-institutional charges billed to my account for the period of my federal student loan. This authorization applies to each semester/term that I am enrolled, from this date forward.

I authorize the use of Title IV funds that are in **excess** of my current year education costs, to pay for any prior-year, outstanding institutional charges. I acknowledge that this may reduce my available resources for this year.

Student Signature _____ Date _____

PARENT

If I apply for, and receive, the parent PLUS loan, my signature below authorizes application of Title IV funds to the student's account. I authorize this loan to cover tuition, fees, housing, and other non-institutional charges billed to the account during the period of the federal student loan. This authorization applies to each semester the student is enrolled, from this date forward.

In addition, I authorize funds that are in **excess** of current year costs, to pay any prior-year, outstanding institutional charges. I acknowledge that this may reduce my available resources for this year.

Parent Signature _____ Date _____

Please note: Either the student or the parent may rescind this authorization at any time by notifying the Student Accounts Office in writing.

Please return to: University of La Verne/Student Accounts Office, 1950 Third Street, La Verne, CA 91750
Or **Fax Form to: (909) 392-2830**