



Financial Aid Authorization Form 2015-2016

Name _____ Student ID# (LoLA#) _____

Please Print Last Name First Name

Home Phone _____ Cell Phone _____ Work Phone _____

Section A. Important Financial Aid Information

_____ I understand that the Office of Financial Aid will communicate with me via email, and I also understand it is my responsibility to check (initial) _____ my CLTCC student email regularly, as well as the email address I entered on my FAFSA. I understand if I **DO NOT** wish to receive my Financial Aid communications, and award notifications via email, I may submit a request in writing to the campus Financial Aid Administrator.

By my signature below:

- I acknowledge and understand that if I resign from CLTCC (officially or unofficially) before completing more than 60% of the semester, I will owe money to the federal aid program(s) and/or CLTCC.
- I have read and understand the CLTCC Policy for Financial Aid **Satisfactory Academic Progress** (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 be eligible and maintain eligibility for federal financial aid at CLTCC.
- 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 CLTCC Office of Financial Aid may, at any time, verify the information 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 certify that I will allow the CLTCC Office of Financial Aid to make the necessary corrections to my financial aid application, if it is required.
- 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

CLTCC uses a system of applying awards to the charges of eligible students. CLTCC **automatically** applies Title IV awards to tuition and fees. The student may authorize CLTCC to apply Title IV awards to other educational charges incurred, such as books, parking tickets, prior-semester balances, prior-year balances, etc. If the student account has a credit balance, CLTCC will pay the credit balance to the student in accordance with the CLTCC refund policy.

By my signature below, I authorize CLTCC to apply my federal funds to pay for non-institutional charges such as books, parking tickets, parking permits, and etc.

Signature: _____ Date _____

1. By my signature below, I authorize CLTCC to apply my federal funds to other educational charges such as prior semester balances from same award year, miscellaneous fees, and minor prior-year charges (less than \$200).

Signature: _____ Date _____

This authorization will remain in effect for each subsequent payment period unless you withdraw it. This authorization may be withdrawn at any time by providing a written request to the campus Financial Aid Administrator.