

STOCKTON CAMPUS

6650 Inglewood Avenue Stockton, California 95207 209.478.0800 MODESTO CAMPUS 3600 Sisk Road #5A Modesto, California 95356 209.543.9411

Financial Aid Funds Authorization Form

(***This form must be completed prior to receiving your student Financial Aid refund check.)

Last Name, First Name	SSN	Student ID#
	XXX - XX-	

Under federal financial aid regulations, a school needs to obtain the student's or parental authorization prior to disbursing financial aid funds in excess of the amount required to pay institutional charges. Title IV funds are financial aid you may receive in your financial aid package from Humphreys University and may include the following:

- Federal Pell Grant Program
- Academic Competitiveness Grant
- Federal Supplemental Educational Opportunity
- Cal Grants

- Stafford Loan Program (FFEL or Direct)
- Subsidized and Unsubsidized
- Parent Loan for Undergraduate Students (PLUS)
- Plus Loans for Graduate and Professional Students

Federal regulations further require that Humphreys University apply your Title IV financial aid funds to "allowable charges," which are tuition, fees and other charges billed by Humphreys University.

If you agree to the following options please read and initial below:

 I authorize financial aid funds, if any, to pay non-institutional charges I may incur. These charges may include but are not limited to book store purchase charges, equipment rental and deposit fees, returned check fees and/or late fees that may be posted to my account.
I authorize Humphreys University to utilize my current financial aid funds to cover prior award year/loan period charges up to \$200. I understand that if my account is on Fiscal Office hold or that I owe more than \$200, I will need to contact the Fiscal Office to continue my registration process. If my account balance is greater than \$200, I will have to pay any previous academic year charges with other funds. Furthermore, I understand that if I do not satisfy my balance owed to Humphreys University, I may not be permitted to register for the succeeding term.

If you do NOT AGREE to the above options please read and initial below:

I do not wish to consent to any of the options above. I understand by signing below that my financial aid will only
be used for institutional charges for the academic year in which they are awarded. I understand I am responsible to
 pay any non-institutional charges.

I make this request voluntarily in order to be assured that my tuition, fees, and other charges to Humphreys University will be paid in a timely manner. I also understand that an accounting of these funds is available to me upon request.

This authorization is valid and in effect for the entire period of my enrollment at Humphreys University. I further understand that I have the right to rescind or modify this request in writing to Humphreys University Financial Aid Office. Students who have parent PLUS loans will need the signature of the parent who is responsible for the PLUS loan.

To revoke or change this authorization, you must send a written request to:

HUMPHREYS UNIVERSITY Financial Aid Office 6650 Inglewood Ave, Stockton, CA 95207

Student Signature	Date
Parent Signature	Date

Note: <u>**THIS IS A LEGAL DOCUMENT.</u>** Make certain you understand before signing. Students are responsible for the information contained within this document and may request a copy of this form from the Financial Aid Office.</u>