



COLLEGE OF
MOUNT SAINT VINCENT
OFFICE OF FINANCIAL AID

Authorization Regarding Credit on Account

Name: _____

ID#:000

Date: _____

If I have minor prior year charges of \$200 or less, I authorize the College of Mount Saint Vincent to use my current year Title IV funds to pay them. I voluntarily authorize the College of Mount Saint Vincent to maintain the excess of my Title IV funds on my student account to cover future charges.

If I have other allowable charges other than tuition, fees, room and board, I authorize the College of Mount Saint Vincent to use my current student financial aid funds to pay for them.

I understand that this amount will not earn interest on my account.

I understand that if I don't maintain continuous enrollment and have a credit balance on my account for longer than three months than the excess will be returned to the lender, if applicable.

I also understand that if I receive a scholarship, personal information such as my major, G.P.A., and any other information may be released to a third party.

I UNDERSTAND THAT I CAN RESCINDE THIS AUTHORIZATION AT ANY TIME IN WRITING.

By signing this form I certify I will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education. I also certify I am not in default on a federal student loan or have made satisfactory arrangements to repay it and do not owe money back on a federal student grant or have made satisfactory arrangements to repay it. I also certify that I have read and understand the "Booklet of Financial Assistance at College of Mount Saint Vincent". You can view this booklet online at www.collegeofmountsaintvincent.edu/faforms.

If I need to request a refund check the request must be completed at the Office of Student Accounts.

Student Signature

Parent Signature required for Plus Loan