MONROE UNIVERSITY

FEDERAL STUDENT AID AUTHORIZATION FORM

All Federal Student Aid Recipients are Required to Complete this Form

Federal Student Aid (FSA) is - any federal Title IV funds used to pay tuition, mandatory fees, and room and board (if contracted with Monroe University), and other educationally related expenses. FSA funds consist of the Federal Pell Grant, Federal Supplemental Education Opportunity Grant (FSEOG), Federal Direct Stafford Loans, Federal Direct PLUS Loans and Federal Graduate PLUS loans. Federal law states that Monroe University must obtain authorization from the student/parent to hold excess FSA funds on the student account to pay for other educationally- related expenses.

Student's Name: _____ **Student ID#:** _____

I hereby authorize Monroe University to do the following as it pertains to my Federal Student Aid (FSA):

1. Apply FSA funds awarded to me for the purchase of my books and supplies.	☐ Yes_____(initial) ☐ No_____(initial)
2. Apply FSA funds awarded to me for other allowable charges, (i.e.) transportation, meals and other educationally- related charges.	☐ Yes_____(initial) ☐ No_____(initial)
3. Apply any FSA credit balance on my account to tuition, fees and other allowable charges within the current award year or loan period.	☐ Yes_____(initial) ☐ No_____(initial)
4. Return any FSA credit balance from my loan to the Federal Direct Loan program, if that credit has been applied to a semester that I do not attend.	☐ Yes_____(initial) ☐ No_____(initial)
5. Return any FSA credit balance from my loan to the Federal Direct Loan program resulting from my withdrawal from a semester I began, but did not complete.	☐ Yes_____(initial) ☐ No_____(initial)
6. Apply current award year FSA credit balances to other educationally related charges for the prior award year that are less than or equal to $200. I certify that the use of current award year FSA credit balances for prior award year balances up to $200 will not prevent me from paying current award year education costs.	☐ Yes_____(initial) ☐ No_____(initial)
7. **PARENT ONLY:** Refund any Plus Loan credit balance from my Plus loan to my son/daughter.	☐ Yes_____(initial) ☐ No_____(initial)

Student Section: If I answer "No", I understand that any federal Title IV credit balance will be refunded to me within 14 days of the date the credit balance occurs. I further understand that I will be responsible for paying any outstanding balance not covered by federal Title IV funds or other resources. I understand that the above authorizations are voluntary and are valid during my attendance at Monroe University. I have the right to cancel or modify any or all of the authorizations at any time by completing and submitting a new FSA Authorization form to the Student Financial Services Office. Any modification or cancellation is effective as of the date of submission to the Student Financial Services Office.

Student's Signature _____ **Date** _____

PARENT PLUS LOAN SECTION:
I have read all of the above and I, the parent, agree to all the terms as initialed by my son/daughter as it applies to my Plus Loan and affix my signature as authorization below.

Parent's Signature _____ **Date** _____