

Student Title IV Authorization Form

Stude	ent's Name:	CCSNH ID:
Title I	al Title IV funds include Pell Grants, SEOG Grants, and V authorization form to instruct the College on how to be (funds remaining after institutional charges are paster.	to apply any remaining Title IV credit
If you	C AUTHORIZATION: r financial aid is complete, you may elect to use you t books and supplies from the campus bookstore.	r remaining Title IV funds to purchase
the ca	select yes for this authorization, the book advance ampus bookstore. Confirmation of the book advance SIS account. You must show your school ID (or other portion of your schedule at the bookstore when making your	and spending limit may be found on r government-issued picture ID) and a
and the	book advance may only be used during the book advaree weeks following the beginning of each semester purchase will be charged to your student account. The applied to these charges.	. The amount of your book and/or
	Yes, I authorize the College to setup a book advance	e for me at the campus bookstore.
	No, I do not authorize the College to setup a book a bookstore. I will pay at the bookstore using another	· · · · · · · · · · · · · · · · · · ·
Feder semes and lil relate in exc institu late of cover	RENT SEMESTER CHARGES AUTHORIZATION: all regulations permit students to authorize Title IV file is ter non-institutional educationally related charges so crary fines, parking permits, on-campus childcare sed goods and services that the student incurred. If you sees of tuition and fees, and you wish to use this exceptional charges, you must authorize the College to park the charges of the charg	uch as school health services, parking ervice charges, and other educationally ou are eligible for federal financial aid ess to cover current semester nonay these charges. (Items such as and bad check fees may NOT be
	Yes, I authorize the College to apply any remaining institutional charges on my student account.	Title IV credit balance to other non-
	No, I do not authorize the College to apply any rem non-institutional charges on my student account. I directly responsible for paying these charges on you	f you select this option, you will be

PRIOR YEAR CHARGES AUTHORIZATION: Federal Title IV financial aid funds may pay up to \$200 of prior year educationally related expenses with your authorization. Educationally related expenses include, for example, school health services, parking and library fines, parking permits, bookstore charges that you have incurred. ☐ Yes, I authorize the College to use Federal Title IV funds to pay prior year allowable educationally related charges other than tuition, fees, and on campus room and board not to exceed \$200. ☐ No, I do not authorize the College to use Federal Title IV funds for other educationally

By signing below, you agree to and understand the following statements:

related prior year charges.

I understand that if, for any reason, I fail to receive financial aid upon which a bookstore credit is based, or if the amount of financial aid I receive for the semester is insufficient to pay for all of the charges on my account, I am obligated to pay to the College the amount of any unpaid charges on my account resulting from the use of the book advance program. I recognize that I am responsible for any charges applied to my account after any remaining Title IV credit balance is refunded to me.

I further understand that these are voluntary authorizations in place for the current aid year. I also understand that I may revoke my authorizations at any time by completing a new Student Title IV Authorization Form and submitting it to the Financial Aid Office.

Lastly, I agree that by registering for courses within the Community College System of New Hampshire (CCSNH), I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.

Signature:	Doto	•
Sidilature.	Date:	

Please return this completed form to the Financial Aid Office