Title IV Student Authorization Form

Record updated by _

University of Idaho

Student Accounts/Cashiers 875 Perimeter Dr MS 4250 Moscow, ID 83844-4250 Phone: (208) 885-7447 Fax: (208) 885-9209 acctrec@uidaho.edu

First	Middle	Last
Student Name:Student Birth Date://	Student ID:	
or other educational related institutional ncludes aid from the Direct Loans, Pell Gr	e University of Idaho is required to obtain conscharges, such as health insurance, and other rant, Supplemental Educational Opportunity God to apply federal financial aid funds to currenal/or have a meal plan.	miscellaneous fees. Title IV financial aid rant (SEOG), PLUS Loan, and TEACH Grant
oorrower. With the student loan holder's charges (such as student health insurance;	m of allowable charges, the University of Idah authorization, the University of Idaho can app parking fines, student health center charges, s, you may authorize the University of Idaho to prior year charges.	oly excess funds to non-tuition and fee and library fines). If you are receiving federa
other form and turn it into the Student Ac	tions listed below. You may also update your a counts office. Your initial authorization respor until a new form is received, rescinding this au	nse will remain in effect the entire time you
Please circle your individual response of	'YES" or "NO" for each of the following state	ment(s):
YES room and board if applicable	daho to apply the excess federal financial aid) to any current institutional charges that are not limited to parking fines, late payment fee	charged to the student's account. These
NO	hort term loan repayments. I understand that enrollment unless I rescind the authorization	
YES charges (up to a maximum o	daho to apply the excess federal financial aid f \$200.00) that are charged to the student's acate payment fees, student health center charge	ccount. These charges may include, but are
	I understand that this authorization will rema	=
Borrower's Signature:		Date:

Date

Rev 11/24