

STUDENT ACCOUNTING DEPARTMENT AUTHORIZATION TO USE FEDERAL FUNDS

STUDENT NAME _____
Last First MI

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Student ID Number

1. I understand my financial aid (federal, state, university, etc.) will be used to pay institutional charges that include tuition, fees, room and board.
2. I understand the university will apply any excess financial aid (not in excess of \$200) to any prior academic year charges on my account.
3. I request the university apply any excess financial aid to any other educationally related charges (miscellaneous health fee, collection costs, etc.) assessed to my student account.
4. I understand that I can choose not to have my excess financial aid funds applied to these other charges. If I choose not to have my financial aid funds applied to other charges, I understand my account may be blocked until the other charges owed the university are paid.
5. I understand that I can modify or rescind this agreement at any time.

Student Signature _____ Date _____

Mail this form to	Fax this form to	Scan and email this form to	Or hand deliver this form to
VCU Student Accounting P.O. Box 843036 Richmond, VA 23284-3036	(804) 828-5463	stuacctg@vcu.edu	Harris Hall, First Floor 1015 Floyd Ave. Richmond, VA 23284

