

**TITLE IV AUTHORIZATION FORM**

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_ ID: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Federal regulations require colleges and universities to obtain an authorization from a student in order to apply Federal Title IV financial aid funds to other educationally related institutional charges, such as books and miscellaneous fees. An authorization is not required to apply federal financial aid funds to current tuition and fee charges, and room and board charges if you live on campus or have a meal plan. If you are receiving Federal financial aid in excess of allowable charges, you may authorize The University of Texas Rio Grande Valley to use these funds to pay other current charges, or pay up to \$200 of other prior year charges. You may refuse to authorize any of the options listed below. **Please initial if you would like to authorize the statement(s) below or leave blank if you do not want to authorize the statement(s) below:**

\_\_\_\_ I authorize UTRGV to apply my excess federal financial aid proceeds to any current institutional charges beyond tuition and fees (and room and board, if applicable) that are charged to my account. These charges may include, but are not limited to, current semester bookstore purchases, parking permits, parking fines, late registration fees, student health center charges and health insurance. I understand that this authorization will remain in effect through subsequent years of enrollment unless I rescind the authorization in writing.

\_\_\_\_ I authorize UTRGV to apply my excess federal financial aid proceeds to other **prior year** institutional charges (up to a maximum of \$200) that are charged to my account. These charges may include, but are not limited to, bookstore purchases, parking permits, parking fines, late registration fees, student health center charges and health insurance. I understand that this authorization will remain in effect through subsequent years of enrollment unless I rescind the authorization in writing.

\_\_\_\_\_ (Student's Signature) \_\_\_\_\_ (Date)

**Please submit to either of the following UTRGV locations:**

<b>The Tower, Main 1.100</b> <b>One West University Blvd.</b> <b>Brownsville, Texas 78520</b> <b>Ph: (888) 882-4026</b> <b>Fax: (956) 882-8229</b>	<b>Visitors Center 1.113</b> <b>1201 West University Drive</b> <b>Edinburg, Texas 78539</b> <b>Ph: (888) 882-4026</b> <b>Fax: (956) 665-2392</b>
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For Office Use Only:  
 Processed by: \_\_\_\_\_ Date: \_\_\_\_\_