

AUTHORIZATION TO RETAIN TITLE IV FUNDS July 1, 2020 to June 30, 2021

STUDENT NAME		ID #	
	ate PLUS Loans, Federal Perkins Loans, Federal SEC	osidized Loans, Federal Direct PLUS Loans, Federal Direct OG and Federal Pell Grants. to ensure that you understand this Authorization.	
	I authorize the University of New Haven to retain a budgeting and will assure that I have reserved suffice.	ny excess Title IV funds on my account. This will assist me in cient funds for my educational expenses.	
	If funds are available in excess of my tuition and fees, I request that the excess be applied to all charges that have been, or will be, charged to my account by the University during the current academic year.		
	I understand that any remaining credit balance which is not needed to pay further charges associated with this academic year will be remitted to me.		
	I acknowledge that the signing of this Authorization gives permission to the University to retain these funds in a non-interest bearing account during this academic year. I understand this is optional, and I can rescind the authorization at any time. Should I choose to rescind this authorization, the excess funds will be made available to me within 14 days. Please note: rescinding this authorization cannot be retroactive to a prior academic year.		
	I understand that if I withdraw, cease attendance, or drop to less than half-time status before completing the period for which the funds were intended, any excess amount will be refunded to the Title IV funds based on federal regulations. If a credit balance exists as the result of financial aid at the end of the award year, or at the time of graduation, the excess will be refunded to me.		
Student Signature		Date	
Parent Signature (PLUS Loan)		Date	
AWA	ARD YEAR 2020-2021		