



**Financial Services
Disbursements**
UNIVERSITY of ALASKA ANCHORAGE

Email: uaa_acctsv@uaa.alaska.edu

Mail: Accounting Services, P.O. Box 141609 Anchorage, AK 99514 | Fax: (907) 786-1301

Title IV Authorization Form

Name: _____	Student ID: _____
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Authorization to Apply Federal Financial Aid to Non-Institutional Charges

Federal student financial aid can only cover “institutional charges” as defined by the U.S. Department of Education. This definition includes current year charges for tuition, fees and on-campus room and board. *Unless authorization is received, federal financial aid (Title IV) cannot be used to cover non-institutional charges such as: housing damages, parking permits, parking fines, library fine, returned check fees, health center charges, late fees or any charges not directly tied to taking a class.*

I authorize University of Alaska to apply any excess Title IV (Pell, SEOG, Direct and PLUS loans) funding to any non-institutional charges on my student account. I understand that my decision is voluntary and this authorization will remain in effect until I submit a written request to cancel this authorization.

Yes, I authorize
 No, I do not authorize

Student Signature: _____ **Date:** _____

Authorization to Apply Federal Financial Aid to Prior-Year Charges

Federal student financial aid can only cover institutional charges for the current academic year as defined by the U.S. Department of Education. *Therefore, in order to pay “prior year” charges with your current academic year’s financial aid, you must provide written authorization. If you have enough financial aid to cover your current year charges you may authorize the university to apply up to \$200 per academic year to a prior year’s balance.*

I authorize University of Alaska to apply any excess Title IV (Pell, SEOG, Direct and PLUS loans) funding to any prior year charges (up to \$200) on my student account. I understand that my decision is voluntary and this authorization will remain in effect until I submit a written request to cancel this authorization.

Yes, I authorize
 No, I do not authorize

Student Signature: _____ **Date:** _____