



**Student Financial Services Office**  
1401 H Street NW \* Washington, DC 20005  
Office: (202) 274-2300 Option 2  
Email: studentfinancialservices@potomac.edu  
Website: potomac.edu

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**Title IV Authorization Form**  
(Federal Financial Aid)

**PLEASE PRINT**

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Last Name, First Name M.I.

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Student ID Number

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Address

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City, State, Zip

**PLEASE READ THIS FORM CAREFULLY BEFORE SIGNING**

Tuition and mandatory fees, will be automatically deducted from the federal financial aid funds (such as **Pell Grant, SEOG Grant, and Direct Loans**) you receive. Federal guidelines require you to authorize the University of the Potomac to use federal financial aid funds to pay any non-institutional charges. You may also authorize the University of the Potomac to pay up to \$200 on a prior year balance you may have for any non-institutional charges.

If you choose not to authorize University of the Potomac to pay these non-institutional charges with your Federal Financial Aid **you will be responsible for paying any outstanding debt to the University.**

A credit balance occurs when the University of the Potomac credits the financial aid to a student's account and the total amount of the financial aid exceeds student's allowable charges. This credit balance will be retained from my first semester to help cover any future balance created in my second semester or subsequent semester, and any remaining credit to be paid to the student in accordance with the University's procedures for paying FSA credit balances.

**PLEASE INDICATE YOUR CHOICE:**

**1. CREDIT BALANCE AUTHORIZATION STATEMENT (Please check one of the following)**

- I authorize the University of the Potomac to retain the credit balance, as described above, on the student's account.
- I do not authorize the University of the Potomac to retain the credit balance, as described above, on the student's account. **I understand that if I do not authorize the University of the Potomac retain the credit balance, I will be responsible for paying any outstanding charge owed to the University.**

**2. PRIOR YEAR AUTHORIZATION STATEMENT (Please check one of the following)**

- I authorize the University of the Potomac to apply any federal funds I receive toward a prior year non-institutional charge of up to \$200.
- I do not authorize the University of the Potomac to apply any federal funds I receive toward a prior year non-institutional charge of up to \$200. **I understand that if I do not authorize the University of the Potomac to pay these charges with my financial aid funds, I will be responsible for paying any outstanding debt owed to the University.**

**Certification and Signatures**

By signing below, I understand that this is a voluntary authorization and is valid from the date of signing through the date of graduation. Additionally, I understand that I can rescind this authorization in writing at any time. I understand if I do not pay my outstanding balance, a hold will be placed on my account that may prevent future course registration, dropping or adding of classes or transcript releases until my account balance is paid in full.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_