



Nichols College

Learn. Lead. Succeed.

FINANCIAL AID FUNDS AUTHORIZATION

Purpose: Authorize Nichols College to apply financial aid funds to all institutional charges and/or HOLD credit balances on the student account.

1. I authorize Nichols College to:

- Apply Federal Title IV and/or other financial aid funds to all institutional charges.
- Allow Federal Student Aid (FSA) and other credit sources to be used for prior year unpaid charges. Per federal regulations, FSA funds may not be used to pay prior year charges in excess of \$200.
- Hold excess funds (credit balances) on account to pay future charges.
- Use this authorization for the duration of my enrollment at Nichols College.

2. I understand that it is the policy of Nichols College:

- To remit credit balances annually to the student at the end of each academic year.
- To issue refunds to students upon request, regardless of the option chosen on this form.

3. Please check ONE of the following options:

REFUNDED: I choose to have credit balances resulting from FSA funds and other sources automatically refunded. Any credit balance resulting from FSA funds to which you, the student, are entitled will be automatically refunded.

HELD: I choose to have credit balances resulting from FSA funds and other sources HELD on my account.

4. Authorization

Date: Student ID#: Student Name Printed: Student Signature:

This authorization may be rescinded at any time by sending written notice to the Business Office at the address below.

Return Form To:		Office Use Only:	
Email: SFS@nichols.edu	Nichols College	<u>Held</u>	<u>Refunded</u>
Fax: 508-213-2118	Student Accounts	___ ARAC: MISC1: H	___ ARAC: MISC3: A
	P.O. Box 5000	___ PERC: ARHLD	___ PERC: None
	Dudley, MA 01571-5000	Completed by: _____ on _____	