

Office of Student Financial Aid

P.O. Box 41206 • Lafayette, LA 70504-1206 Office: (337) 482-6506 • Fax: (337) 482-6502 Department Email: finaid@louisiana.edu Online Programs: faonline@louisiana.edu

Title IV Authorization Form (Federal Financial Aid)

PLEASE PRINT	
Last Name, First Name M.I.	ULID Number
Address	Date of Birth
City, State, Zip	
PLEASE READ THIS FORM CAREFULLY	BEFORE SIGNING
Grant, SEOG Grant, and Direct Loans) you aid funds to pay any non-institutional charg	harges will be automatically deducted from the federal financial aid funds (such as Pell receive. Federal guidelines require you to authorize UL Lafayette to use federal financial ses such as Short Term Loans, Greek fees, Honors fees, student insurance, library fines and Lafayette to pay up to \$200 on a prior year balance you may have for any non-institutional
If you choose not to authorize UL Lafayet responsible for paying any outstanding del	tte to pay these non-institutional charges with your Federal Financial Aid you will be bt to the University.
PLEASE INDICATE YOUR CHOICE:	
1. AUTHORIZATION STATEMENT	(Please check <u>one</u> of the following)
	pply any federal funds I receive toward non-institutional charges such as Short Term Loans, Greek surance, library fines, parking tickets, etc. that are posted on my Statement of Account.
Account. I understand that i	ette to apply any federal funds I receive toward non-institutional charges posted on my Statement of if I do not authorize UL Lafayette to pay these charges with my financial aid funds, I will be on-institutional charges owed to the University.
2. PRIOR YEAR AUTHORIZATION	STATEMENT (Please <u>check</u> one of the following)
☐ I authorize UL Lafayette to a	pply any federal funds I receive toward a prior year non-institutional charge of up to \$200.
	ette to apply any federal funds I receive toward a prior year non-institutional charge of up to \$200. I authorize UL Lafayette to pay these charges with my financial aid funds I will be responsible for ut owed to the University.
Certification and Signatures	
I understand that I can rescind this authorization	tary authorization and is valid from the date of signing through the date of graduation. Additionally, in writing at any time. I understand if I do not pay my outstanding balance, a hold will be placed on ration, dropping or adding of classes or transcript releases until my account balance is paid in full.
Student Signature:	Date:

UL Lafayette does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following individuals have been designated to handle inquiries regarding non-discrimination policies (i.e., Title IX): (1) Employees/Potential Employees – Christine Brasher, EEO Officer (337-482-1394), (2) Students – Margarita Perez, Dean of Students (337-482-6266). For Americans with Disabilities Act (ADA) concerns, contact the Disability Support and Tutoring Director, Dr. Carol Landry at 337-482-5252.

Office use only: RRAAREQ TIV – Accept (A), Decline (D) PY – Accept (A), Decline (D)