

SIMPSON COLLEGE

Authorization Form

NAME: _____

SS #: _____

021

In order for your federal funds to be applied to miscellaneous charges on your account, we need your authorization.

I authorize Simpson College to credit any federal funding applied to my account, including Federal Pell Grant, to any miscellaneous charges including, phone charges, parking charges, and bookstore charges.

This authorization is rescindable at any time by sending written notice to Simpson College - Attention Office of Financial Assistance.

Signature: _____ **Date:** _____

023

If you would like any credit balance on your account carried over to the end of the academic year, we need your authorization.

I hereby authorize Simpson College to hold any excess Title IV funds on my account for any and all current or future charges.

It is understood any interest earned by Simpson College is nominal and will be retained by the College. This authorization is rescindable at any time by sending written notice to Simpson College - Attention Office of Financial Assistance.

Signature: _____ **Date:** _____

White Copy - Financial Assistance

Yellow Copy - Business Office

Pink Copy - Student