



GARDEN CITY
COMMUNITY COLLEGE

801 Campus Drive
Garden City, Kansas 67846
(620) 276-7611
www.gcccks.edu

2019-2020 Title IV Authorization Form

****MUST USE BLUE OR BLACK INK****

Student's Name: _____ Student ID#: _____

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 contracted room and board. ***Unless authorization is received, federal financial aid (Title IV) funds cannot be used to cover non-institutional charges such as housing damages, parking permits, parking fines, returned check fees, health center charges, late fees, or any charge not directly tied to taking a class.***

I authorize Garden City Community College to apply any excess Title IV (Pell, SEOG, Direct and PLUS Loans, etc.) funding to any non-institutional charge 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 college to apply up to \$200 per academic year to a prior year's balance.***

I authorize Garden City Community College to apply any excess Title IV (Pell, SEOG, Direct and PLUS Loans, etc.) 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: _____

Return To:

Garden City Community College
Business Office
801 Campus Dr.
Garden City, KS 67846
Fax: 620-276-0464