

Student Name: _____ **Roosevelt ID:** _____

Federal regulations regarding the use of Title IV funds (Pell, SEOG, PLUS, Direct Loans) credited to a student’s account require Roosevelt University to apply the Title IV funds to institutional (tuition) and non-institutional charges (for example fees, health insurance, on campus room & board). Students who receive Title IV funds as part of their financial aid package must complete this Title IV Authorization to confirm they understand how Title IV funds will be applied to their student account. Students can elect Roosevelt University to hold any excess Title IV funds or any other credit balance on their student account during their enrollment at Roosevelt University to be applied to future charges.

Check “yes” or “no” for each question.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. I authorize Roosevelt University to apply federal Title IV financial aid funds to outstanding non-institutional charges (e.g. UPASS fee, health insurance and lab fees). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I authorize Roosevelt University to credit my student account with federal Title IV funds for current allowable charges and for prior year charges (limited to \$200 for tuition, fees, and on campus room and board). | <input type="checkbox"/> | <input type="checkbox"/> |

Authorization to Apply Federal Financial Aid Funds to Future Charges

Check “yes” or “no”

I authorize Roosevelt University to hold any excess financial aid funds in my University account and apply those excess Title IV funds to future charges.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

I understand that this authorization will remain in effect while I am enrolled at Roosevelt University. I understand that I may submit a new authorization form to change or withdraw authorization. I further understand that I am responsible for paying to Roosevelt University all institutional and non-institutional charges I owe by the published due dates.

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to verify the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and, I may be reported to the Office of the Inspector General and/or subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

PHYSICAL SIGNATURE – DO NOT TYPE

Student Signature

Date

Submit this worksheet in person to FAS-1M16/Wabash Building, or by email to fas@roosevelt.edu, or by fax to (312) 341-3545

RRAAREQ: TAUTH