



REQUEST AND AUTHORIZATION TO USE TITLE IV FUNDS AGAINST PREVIOUS TERM BALANCE

A. Student's Information

Last Name	First Name	M.I.	Athens State Student ID Number
Street Address (include apt. no.)			Email Address
City	State	Zip Code	Phone Number (include area code)

List each Athens State University course you project to take during your return term:

	CRN	CREDIT HOURS	COURSE PREFIX	COURSE TITLE/DESC.
1.				
2.				
3.				
4.				
5.				
6.				

REQUESTED RETURN TERM
(EXAMPLE: Summer 2019)

FINANCIAL AID AWARD YEAR
(EXAMPLE: 2018-2019)

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By signing below, I authorize Athens State University to apply any credit balance from disbursement of Title IV funds to past charges within the same financial aid award year as noted above. I understand that I may become ineligible for this authorization based on the inability of my financial aid (and any additional assistance provided by me) to cover both the past and current balance.

B. Certification and Signature

Student Signature	Date
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