

Title IV Authorization to Release Non-Institutional Charges and Prior Year Charges Form

Pacific ID #

Name:

Please print:	Last	First	MI	
Authorization	to Apply F	ederal Financial Aid to No	on-Institutional Charges	
Federal student fina current year charges registration fees, fac authorization is receilibrary fines, breakag The only way feder	ncial aid can only for tuition and filities usage fees ved, federal finare fees, returned call student aid fues. This form will	v cover "institutional charges" as defir ees, and on-campus room and board. s, and other specialized departmental ecial aid cannot be used to cover non-in theck fees, deferred fees for short-term ands can be used to pay for "non-ins I allow Student Accounts to applyy	ned by the U.S. Department of Educ It also includes other fees such as: I or college fees associated directly istitutional charges such as: health in installment plans or any charges no etitutional charges" is to obtain yo	ation. This definition includes lab fees, workshops, university with taking a class. Unless asurance, bookstore charges, t directly tied to taking a class.
I authorize University of the Pacific Arthur A. Dugoni School of Dentistry to apply my federal student financial aid to any non-institutional charges on my student account. I understand that this authorization will remain in effect until I submit a written request to cancel this authorization (see address below). I understand that I will be responsible for paying any outstanding debts to Pacific Dugoni if I cancel this authorization.				
	Studer	nt Signature	Date	
Authorization to Apply Federal Financial Aid to Prior-Year Charges Federal student financial aid can only cover the "current" academic year institutional charges 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 up to a maximum of \$200.00, you must provide written authorization for the University to do so. If you have enough financial aid to cover your current year charges and have excess financial aid that you would like to apply to pay off a prior year balance due on your student account, you may do so by completing this authorization form and returning it to Student Accounts.				
I authorize University of the Pacific Arthur A. Dugoni School of Dentistry to apply my federal student financial aid to pay off my prior year charges within the limits as defined by federal regulations. I understand that this authorization will remain in effect throughout my Pacific student career until such time as I submit a written request to cancel this authorization (See address below).				
	Studer	nt Signature	Date	

Deliver via email: sf_finaid@pacific.edu

Deliver by fax to: (415) 749-3363