

**FEDERAL AID AUTHORIZATION FORM**

The purpose of this form is to obtain your permission to use Title IV funds (Stafford/Unsubsidized loans, Graduate PLUS loans, Pell and SEOG grants) to cover miscellaneous expenses (examples listed below) charged on your student account. If there is an excess of funds once the standard costs (tuition & fees) have been paid; your permission is needed in order for the federal funds to cover these additional charges.

**If you do not receive Title IV funds, you do not need to complete this form.**

I authorize the Philadelphia College of Osteopathic Medicine to apply Title IV funds to pay charges incurred by me in addition to tuition and standard comprehensive and student health fees. Institutional charges eligible under this authorization are:

campus parking fees	library fees
graduation fee	late payment charge
interest charge	pending loan advance
returned check fee	payment plan application fee
health insurance premiums	additional computer copy charges
vision and dental insurance premiums	assessment kit charge (for certain psychology programs)

I authorize Philadelphia College of Osteopathic Medicine to use Title IV funds to cover previous semester balances. Please note, it is college policy that no balance is allowed to carry over from one school year to the next. However, for certain situations beyond the control of the student, and in minimum amounts (below \$200), or in cases that would not jeopardize the student's ability to pay the current year tuition and fees, this would authorize the college to pay a prior balance with Title IV funds.

Any student who opts not to authorize use of Title IV funds for miscellaneous charges listed above or for prior balances is responsible for payment of such charges if applied to the student's account. Outstanding balances can affect the student's eligibility to register, receive transcripts, or graduate from the institution.

Please note that you have the right to authorize any portion of this statement or the entire statement. In addition, you have the right to rescind a portion or the entire agreement at any time by notifying the Bursar's Office.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Banner ID: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Return to: Philadelphia College of Osteopathic Medicine  
Financial Aid Office, Suite 203R  
4190 City Avenue  
Philadelphia, PA 19131-1693