



Office of Student Financial Services

**Financial Aid Title IV Authorization Form -Parent
Southern Vermont College
Office of Student Financial Services**

I acknowledge that my child has been awarded Financial Aid funds at Southern Vermont College. These funds may include Federal Title IV (FSA) Aid, Institutional Aid, State Aid and Private Aid. Federal Title IV aid is defined as the Federal Pell Grant, the Supplemental Educational Opportunity Grant (SEOG), Federal Direct Loans, and Federal Direct PLUS loans for parents of undergraduate students.

I acknowledge that I am a parent who has borrowed a Federal Direct PLUS loan for educational expenses.

I authorize Southern Vermont College to:

- Apply FSA funds to pay for allowable educationally related expenses, such as tuition, fees and room and board (as contracted by the College) and other educationally related expenses including, but not limited to, health insurance, library fines, parking fines, and miscellaneous fees;
- Hold excess FSA fund credit balances and apply them to future semesters' institutional charges;
- Apply FSA funds to prior year charges up to the regulatory maximum amount of \$200

I understand that this authorization applies to my child's entire period of enrollment at Southern Vermont College and that I may rescind any part of this authorization at any time. I understand that a cancellation or modification is not retroactive. To modify or cancel any or all of this authorization, I must notify the Office of Student Financial Services in writing. I understand that credit balance refunds will be processed based upon federal requirements.

I understand that a refund can be requested any time there is a credit balance by completing the Refund Request Form and submitting it to Student Accounts. The Refund Request Form needs to be completed every time you would like a refund.

Student Name (PRINTED): _____

Please have the parent that has borrowed the PLUS loan complete the following:

Parent Name (PRINTED): _____

Parent Signature: _____

Date Signed: _____

Please return the form completed in its entirety to the Office of Student Financial Services by the start of each semester.