

## **Title IV Student Authorization Form**

(252) 335-3471 bursar@ecsu.edu

Student Name:,,			Student ID:	
Last	,	First		
Email Address:			Email:	
that you indicate below	Please be aware that tuiting uired. This authorization will be aware that to be aware that the tuiting uired.	on, fees, and on	cial aid funds disbursed based upon the provision campus room and board are paid without t until you complete another form to revise or	
YES, I authorize ECSU charges include, but are no	to apply my federal student fin t limited to health insurance, pa	ancial aid to any na arking decals, park	<b>n-Institutional Charges</b> on-institutional charges on my student account. These ing and library fines, bookstore charges, transcripts, cellaneous fees and fines incurred.	
	Student Signature		Date	
financial aid will <b>NOT</b> pay of charges, transcripts, gradu	other University charges such a	s health insurance administrative san	n and board. Choosing this option means that my , parking decals, parking and library fines, bookstore ctions and other miscellaneous fees and fines incurred deral financial aid funds.	
	Student Signature		Date	
YES, I authorize ECSU	to apply my federal student fin ational expenses such as parkin	ancial aid to pay m ng decal or fines, lil	<b>Prior-Year Charges</b> ny prior year charges (up to \$200). These charges may brary fines, or health insurance.	
Student Signature			Date	
	id will NOT pay any prior yea		om and board for the current year. Choosing this optiones (up to \$200) and those charges must be paid by	
Student Signature			Date	

## Effect of Enrollment Status on Financial Aid

Financial aid is disbursed based on full time enrollment (12 or more credit hours). If you have received financial aid and are not enrolled full time, your aid will be reviewed and possibly adjusted after drop/add. If you are planning on dropping classes and/or being enrolled part time (less than 12 hours) please do not cash or spend your financial aid refund and contact the Financial Aid Office to have your financial aid award reviewed based on your anticipated part time enrollment status.

If your financial aid is reduced, immediate repayment will be required to avoid appropriate collection actions. Those actions may include cancellation of classes, NC Attorney General's Office collection efforts, or referring your account to an outside collection agency. (If this occurs the student will be liable for all charges and other costs including, but not limited to, attorney fees that are allowed by the federal laws, state laws, and regulations that are necessary for the collection of these amounts.)

I have read the above information and understand that my financial aid could be adjusted based upon the conditions listed in this document and I may owe a portion or all of my refund back to ECSU and possibly the original cost of tuition and fees.

Student Signature

Date \_

Please return to: Elizabeth City State University, Bursar's Office, , Elizabeth City, NC 27909 or Fax form to: (252) 335-3022. You may also drop the form off at our office located on the Second Floor of the M. D. Thorpe Administration Building, Room 217.