

AUTHORIZATION OF CHARGES

| Student Name | Student ID# |
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| Award to pay for any charges that I inc | College to allow me to utilize my Financial Aid cur at the College. This includes books and rking fines and other items in the bookstore, etc. |
| I understand that I may change or cancel this authorization at any time. | |
| Signature: | Date: |

PLEASE RETURN THIS FORM TO THE FINANCIAL AID OFFICE