

Authorization Regarding Credit on Account 2018-2019

NAME: _____
(Last) (First)

ID#: _____

DATE: _____

Domestic Students Only:

- If I have minor prior year charges of \$200 or less, I authorize Lynn University to use my current year Title IV funds to pay them. I voluntarily authorize Lynn University to maintain the excess of my Title IV funds on my student account to cover future charges.
- If I have other allowable charges other than tuition, fees, room and board, I authorize Lynn University to use my current student financial aid funds to pay for them.
- I understand that this amount will not earn interest on my account.
- I understand that if I don't maintain continuous enrollment and have a credit balance on my account for longer than three months that the excess will be returned to the lender, if applicable.
- I understand that if my financial aid does not come in for any reason or cover the full amount due on my student account, I will be held responsible for any balance owed. I authorize the use of the estimated credit on my student account to purchase textbooks and school supplies at the Lynn University bookstore.
- By signing this form I certify that I will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education. I also certify that I am not in default on a federal student loan or have made satisfactory arrangements to repay it and do not owe money back on a federal student grant or have made satisfactory arrangements to repay it.

International Students Only:

- I understand I must complete the Foreign National Information system (FNIS) in order to receive any financial assistance.

All Students:

- I also certify that I have read and understand the "Financial Assistance Handbook at Lynn University". You can view this online at www.lynn.edu/financialaidhandbook
- When requesting a refund, please complete a Refund Request Form at the Office of Student Financial Services.
- I also understand that if I receive a scholarship, personal information such as my major, G.P.A., and any other information may be released to a third party.
- I UNDERSTAND THAT I CAN RESCIND THIS AUTHORIZATION AT ANY TIME IN WRITING.

Student Signature

This form must be completed and submitted to:

Student Financial Services
Lynn University
3601 N. Military Trail
Boca Raton, FL 33431
Fax: (561) 237 – 7189
E-mail: sfsdocs@lynn.edu

PROCESSING OF ANY FINANCIAL PROGRAMS MAY BE DELAYED WITHOUT THE RETURN OF THIS FORM TO THE OFFICE OF STUDENT FINANCIAL SERVICES