TITLE IV AUTHORIZATION FORM

Student Name: ___________________________________________________________________________

(PLEASE PRINT)

Baptist Student ID #: S __________________________________________

Federal Title IV financial aid funds (i.e. Pell Grant, Federal Supplemental Educational Opportunity Grant (FSEOG), and Direct Student and Parent Loans) are restricted to payment of current term tuition, fees, and college contracted room and board, if applicable. Student aid regulations permit students to authorize the use of current term aid to cover additional charges as described below.

CURRENT TERM CHARGES AUTHORIZATION:
Students may authorize the use of Title IV federal financial aid funds to pay non-institutional charges including, but not limited to, bookstore charges, parking, and student health services, etc., if applicable.

PRIOR TERM CHARGES AUTHORIZATION:
Students may authorize the use of Title IV federal financial aid funds to pay prior term charges within the same academic year, if applicable.

PRIOR YEAR CHARGES AUTHORIZATION:
Students may authorize the use of Title IV federal financial aid funds to pay prior year charges, not exceeding $200 (two hundred dollars), if applicable.

If you are eligible for federal financial aid funds in excess of tuition, fees, and college contracted room and board, and you wish to use this excess to cover other charges as described above, you must authorize Baptist College to apply aid and pay these charges in this manner. Please indicate your choice below.

_____ I VOLUNTARILY authorize Baptist College to use excess aid derived from federal Title IV financial aid funds to pay current term non-institutional charges, prior term charges within the same academic year, and prior year charges, not exceeding $200 (two hundred dollars), if applicable.

_____ I DO NOT authorize Baptist College to use excess aid derived from federal Title IV financial aid funds to pay current term non-institutional charges, prior term charges within the same academic year, and prior year charges, not exceeding $200 (two hundred dollars), if applicable. I understand that I will be responsible for paying any outstanding charges and/or debts if I do not provide or cancel this authorization. Failure to authorize may result in deletion of classes, and/or holds placed on my account that will prevent future registration, graduation, and/or transcript releases until the account is paid in full.

Student Signature: ______________________________________________________________________

Date: _____________________________________________

Business Office
1003 Monroe Avenue
Memphis, TN 38104

Office: (901) 575-2442
Fax: (901) 572-2461
Email: Business.Services@bchs.edu