

## Student Accounting Department Authorization to Use Federal Funds

**Student Name**

**VCU Student Number**

Last	First	MI	
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1. I understand my financial aid (federal, state, university, etc.) will be used to pay institutional charges that include tuition, fees, room and board. I request the University apply any excess financial aid to any other educationally related activity charges (housing assessments, laboratory kit fees, late fees, collection costs, telecommunications fees, etc.) assessed to my student account. I also request the University apply any excess financial aid to any prior term charges on my student account. I understand that I can choose not to have my excess financial aid funds applied to these other charges. If I choose not to have my financial aid applied to other charges, I understand my account may be blocked until such time as I pay the other charges owed the University.
  
2. I understand that I can modify or rescind this agreement at any time.

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Student Signature

\_\_\_\_\_

Date

Mail this form to:	Fax this form to:	Or hand deliver this form to:
Student Accounting Department P.O. Box 843036 Richmond, VA 23284-3036	(804) 828-5463	827 W. Franklin St. Room 123 Richmond, VA 23284-3036

