

STUDENT AUTHORIZATION FORM

STUDENT NAME _____

SS# _____

ACG GRANT CERTIFICATION

I did not complete a rigorous High School program. An explanation of rigorous High School programs has been explained to me. I understand that I am not eligible for ACG Grant based on this criterion.

Student Signature

Date

CREDIT BALANCE AUTHORIZATION

I give my authorization to Community Care College/Clary Sage College to hold a credit balance on my account to pay for tuition, fees, book charges, and non-institutional charges. I will receive a copy of my enrollment agreement and will be aware of the cost of my tuition, fees, and books. Non institutional charges include replacement cards for stored value cards and additional book purchases. ***I understand that I may rescind my authorization at any time by providing written notification to the Financial Aid Department at Community Care College/Clary Sage College..***

Student Signature

Date

POST WITHDRAWAL DISBURSEMENTS

I understand that Community Care College/Clary Sage College may receive disbursements of my Federal Grants, for which I am eligible, that occur after the date I am either withdrawn or have graduated in order to pay for any outstanding charges. The school may receive a disbursement up to 180 days after the date it was determined that I left school. I must approve all other eligible disbursements by responding to written notification within 14 days. The school may decline to process disbursements if I respond after the 14 day deadline.

I understand that post withdrawal disbursements will be used to pay for outstanding tuition, fees, book charges, and non-institutional charges such as stored-value replacement cards. I will receive a copy of my enrollment agreement and be aware of the cost of my tuition, fees, books, and other charges.

Student Signature

Date

RETURN OF LOAN FUNDS DUE TO WITHDRAWAL

If in the event I withdraw from Community Care College/Clary Sage College, I understand that a credit balance may be created on my account once Return to Title IV and Refund calculations are completed. I give my permission to Community Care College/Clary Sage to refund this money to my loans in order to reduce my loan debt. ***I understand that I may rescind my authorization by providing written notification to the Financial Aid Department at Community Care College/Clary Sage College..***

Student Signature

Date

STUDENT LOAN LENDER SELECTION – FFEL BORROWERS

It has been explained to me that I may select a lender from my college's Lender List or I may elect to borrow student loans from a lender of my choice. I understand that if I choose a lender that does not currently have an established relationship with the college or guarantor, I may experience a small delay in the time frame in which funds are disbursed; the college may need time to exchange additional documentation with my lender and/or associated guarantor before funds can be disbursed.

Student Signature

Date

FSA FUNDS TO PAY FOR PRIOR CHARGES AUTHORIZATION

I understand that I owe Community Care College/Clary Sage College \$_____ for prior tuition charges, fees, books, kits/uniforms, and non institutional charges. In addition, I authorize the college to use a portion of my current Federal Student Loans and Grants to pay for this balance. I understand that:

- The amount does not prohibit me from being able to cover current educational expenses (tuition, fees, and books).
 \$ _____ of the _____ award year and \$ _____ of the _____ award year's funds will be used to pay for the prior balance on my account.
 I will _____ will not _____ have a remaining balance of \$ _____ owed to the school that I am liable to pay.

_____ ***I will be able to meet my other cost of attendance expenses (room and board, transportation, and personal).*** ***I understand that I may rescind my authorization at any time by providing written notification to the Financial Aid Department at Community Care College/Clary Sage College.***

Student Signature

Date

STUDENT AUTHORIZATION FORM

INFORMATION RELEASE FORM

Financial Aid & FERPA

Student Name (please print) _____

Student ID _____

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student educational records and requires that schools must have written permission from the eligible student to release any information regarding a student's academic record.

Community Care College (CCC) and Clary Sage College (CSC) will not release any information to a third party without the written consent of the student. This form, once completed and signed by the student, will be considered by CCC and CSC as consent to release information to the specific person and/or agencies listed below.

Please be aware that CCC and CSC may release directory and student loan information to your lender, loan servicer, or guarantor for default prevention, loan management, and accurate student loan records. The Department of Education also has the right to review your financial aid records upon request.

Please select and initial one of the following options:

_____ Do **not** release any information about me to anyone. Stop here and sign this form.

_____ I **authorize** Community Care College and Clary Sage College to release the following information about my educational records to the individuals or organizations I've selected and or listed below.

Please checkmark **ONLY** the types of information you would like to be released and list any additional persons/agencies you would like to receive information. CCC and CSC will use this authorization to determine if financial aid related information can be discussed if requested by persons and/or agencies.

Agency/Individual	Grades	Attendance	Financial Aid Awards	Account Charges	Class Schedule	Living Expense Check
Workforce Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian Tribe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OHLAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You have the right to amend this authorization at any time. Please contact your financial aid administrator to make changes to your authorizations listed above. Changes will become effective as of the date you request the change.

Student Signature

Date