## **Authorization to Apply Title IV Funds to Other Charges**

800 W 14th St Chanute, KS 66720 620.432.0330 Fax# 620.432.0447

900 E Logan St Ottawa, KS 66067 785.248.2839 Fax# 785.248.2830 finaid@neosho.edu

## 2024-2025

	Title IV Funds Include:	Pell Grants SEOG	PLUS Loans Stafford Loans
Name: Last	First	M.I.	Phone:  best to reach you (include area code)
NCCC Studen	t ID # or SSN:	E-mail Address:	
Once you submit your authorization, please allow 3-4 business days for your authorizations to update in your financial aid file.  If you have any questions about Authorizations, please contact The Financial Aid Office at finaid@Neosho.edu.			
1) I authorize II decline  NCCC to deduct from my Title IV Federal Financial Aid to pay my current allowable non-institutional charges. These charges being fees other than those required to take courses at NCCC. If I choose not to provide authorization to pay non-institutional charges with my Federal Financial Aid, I may receive a refund and still owe on my student account.			
being fees other th	an those required to take courses at	NCCC. If I choose	urrent allowable non-institutional charges. These charges not to provide authorization to pay non-institutional d still owe on his/her student account.
My authorization is for the 2024-2025 academic year at Neosho County Community College. I understand that I may rescind my authorization at any time by providing a written cancellation of my authorization to finaid@neosho.edu. I understand that I will be responsible for paying any outstanding debts to NCCC if I cancel this authorization. Cancellations are not retroactive and are effective as of the date received by NCCC.			
Signatures			
Student Signature		Date	Parent/Stepparent Signature Date

Parent signature required if awarded a PLUS loan.