

UNIVERSITY OF MONTEVALLO

Office of Student Financial Services

Station 6050

Montevallo, AL 35115

(205) 665-6050

TITLE IV AUTHORIZATION FORM

Submit to the Office of Student Financial Services Immediately

NAME _____
Last Name First Name Middle Initial

STUDENT IDENTIFICATION NUMBER _____

EMAIL _____ TELEPHONE _____

Tuition, mandatory fees, room and board charges will automatically be deducted from any financial aid funds you receive. Please sign below to authorize the University of Montevallo to credit your student account with Title IV Federal Funds and other financial aid funds to cover any additional charges that you may incur such as orientation fees, library fines, traffic fines, etc.

Note: This authorization may be rescinded at any time by contacting the Office of Student Financial Services. If no changes are made, you will not be required to submit this form again.

AUTHORIZATION

I authorize the University of Montevallo to credit my student account with Title IV financial aid funds and other financial aid funds to cover any charges that I may incur.

Signature _____ Date _____