

 Boston
 (T) 617.732.2864
 (F) 617.732.2082

 Worcester
 (T) 508.373.5633
 (F) 508.890.7987

 Manchester/Online
 (T) 603.314.1729
 (F) 603.314.0213

## **Title IV Authorization Form**

| Student Name |  | MCPHS ID  |  |
|--------------|--|---|--|
|              |  |   |  |
|              | Loan, Federal PLUS Loan, Federal Pell credit balance from the disbursement of during the school year, MCPHS University your permission to apply these funds to authorization, your federal financial aid tuition, fees, university housing, and me | ams include Federal Stafford Loan, Federal Perkins Grant, and Federal SEOG. If you have a Title IV of these funds to your student account at any time ty is required by government regulations to obtain o non-tuition related charges. If you do not grant d cannot be used to pay for charges other than eal plans. If you have any questions about this form ead, please contact the Office of Student Financial |  |
| an           |  | any Title IV fund credit balance to pay for as, but not limited to, University health es.   |  |
|              | ☐ I AUTHORIZE the above stater   | nent. I DO NOT AUTHORIZE the above statement and will pay out of pocket for any nontuition charges I might occur.   |  |
| is v<br>Ed   | oluntary and remains in effect fo  | to apply Title IV funds to my student account<br>or the duration of my MCPHS University<br>t I can change or rescind this authorization<br>ovices in writing.   |  |
| <br>Stu      | udent Signature  | <br>Date  |  |