



## Student Title IV Authorization Form

Fairfield University  
Office of Financial Aid

I acknowledge that I have been awarded Financial Aid funds at Fairfield University. These funds may include Federal Title IV (FSA) aid, Institutional Aid, State Aid and Private Aid. Federal Title IV aid is defined as the Federal Pell Grant, the Supplemental Educational Opportunity Grant (SEOG), Federal Direct Loans, and Federal Direct PLUS loans for graduate students or for parents of undergraduate students, Federal Work Study (FWS) and the Iraq and Afghanistan Service Grants.

I authorize Fairfield University to:

- Disburse FSA funds by Electronic Funds Transfer (EFT);
- Disburse FWS wages by Electronic Funds Transfer (EFT) to a designated bank account (enrollment in Direct Deposit required to be submitted to Payroll Office);
- Apply FSA funds to pay for allowable educationally related expenses, such as tuition, fees and room and board (as contracted by the University) and other educationally related expenses including, but not limited to, health insurance, library fines, parking fines, and miscellaneous fees;
- Hold excess FSA fund credit balances and apply them to future semesters' institutional charges;
- Apply FSA funds to prior year charges up to the regulatory maximum amount of \$200

I acknowledge that many endowed Fairfield University grant funds require submission of reports about individual recipients. Should I be selected as a recipient of such funds, I authorize the Office of Financial Aid to inform donors of my name, home town and state, major field of study, academic progress and formal campus activities.

I agree:

- To provide the Fairfield University Stewardship Office updates on my academics and other Fairfield activities as well as an expression of thanks to the scholarship donor
- To be available to meet with the donor, if asked
- To attend, if selected, scholarship events or receptions
- To allow, if selected, excerpts of my correspondence to be published in the Student Testimonials page of the annual Honor Roll or other Fairfield University publications

I understand that this authorization applies to my entire period of enrollment at Fairfield University and that I may rescind **any** part of this authorization at any time. I understand that a cancellation or modification is not retroactive. To modify or cancel any or all of this authorization, I must notify the Office of Financial Aid in writing. I understand that credit balance refunds will be processed based upon federal requirements.

**Student Name (PRINTED):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Fairfield University ID #:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

*Please return the form completed in its entirety to the Office of Financial Aid  
within two weeks of receipt.*

*Please return this completed form to:*

**Fairfield University- Office of Financial Aid  
1073 North Benson Road Fairfield, CT 06824**

**E-mail [finaid@fairfield.edu](mailto:finaid@fairfield.edu) Phone (203) 254 – 4125 Fax (203) 254 – 4008 OFFICE USE: S-AUTH**