

HINDS COMMUNITY COLLEGE

FEDERAL TITLE IV CREDIT BALANCE AUTHORIZATION FORM

Name: _____ SS#: _____ / _____ / _____
(Please print clearly.)

Please check Yes or No below, after reading carefully.

Yes, I authorize Hinds Community College, during my entire enrollment period(s), to utilize Title IV funds (**Grants, Loans and Work-study**) to credit my account for charges such as: **tuition/fees, room/board, books, supplies, equipment, tools, transportation, fines, etc.** I further authorize that my remaining credit balance of Title IV funds be held and mailed to me at a later date according to Hinds Community College's refund schedules. I also understand that I have the right to rescind this authorization at any time.

(OR)

No, I do not authorize Hinds Community College, during my entire enrollment period(s); to utilize any Title IV funds (**Grants, Loans and Work-study**) to credit my account except for **tuition** and **contracted room/board**. I also understand that I have the right to rescind this authorization at any time.

I fully understand that if I do not remain enrolled for a minimum of 60 percent of each semester (**calendar days**), that I may be required to repay a portion of Title IV aid that I have received. Title IV aid includes: **Federal PELL Grant, Federal Supplemental Educational Opportunity Grant (FSEOG), Leveraging Educational Assistance Partnership (LEAP) Program and Federal Family Educational Loans (SUB, UNSUB and PLUS)**. By signing below, I affirm that I have read and fully understand the conditions as outlined in this **Title IV Credit Balance Authorization Form**.

Signature

Date