

TITLE IV AUTHORIZATION FORM

Student Name: _____ **Student ID:** S _____

Phone Number: _____ **CCD Email:** _____
@student.ccd.edu

Note: All requests and information (including information about financial aid awards) will be emailed to your CCD Email Account. For instructions on activating your account, please visit www.ccd.edu/finaid or contact our office at 303-556-5503.

I authorize the Community College of Denver to apply Title IV funds to any and all charges incurred by me. This includes institutional and non-institutional charges. I also authorize application of these funds to my prior outstanding balance of less than \$100. This form **MUST** be received by our office at least 2 weeks prior to the end of the semester that you are requesting financial aid consideration. Incomplete documents will not be accepted by our office. Make sure everything is legible and in blue or black ink.

I understand that this authorization will remain in effect for the entire period during which I am enrolled and will remain on file in the Office of Financial Aid. I may rescind this authorization at any time.

Signature

Date

If you are not in agreement with this release, please contact the Office of Financial Aid for other options.

You will be notified via email if form is not filled out completely and correctly.