



Financial Aid Office  
 PO Box 8106  
 San Luis Obispo, CA 93403

Print Clearly

Last Name	First Name	Student ID#
Telephone Number	Email Address	

**Title IV Authorization**

**1. CURRENT TERM CHARGES AUTHORIZATION:**

If you are eligible for federal financial aid in excess of tuition and fees, and you are carrying a **CURRENT** balance on your student account, would you like Cuesta to automatically deduct your **CURRENT** balance from your financial aid disbursement(s)?

- YES, I accept.
- NO, I decline.

**2. PRIOR TERM CHARGES AUTHORIZATION:**

You may also authorize use of these funds for **PRIOR** term expenses that you are carrying on your account. Would you like Cuesta to automatically deduct any **PRIOR** semester fees you have not paid from your financial aid disbursement(s)?

- YES, I accept.
- NO, I decline.

I understand this is a voluntary authorization and that at any time I can cancel or modify this authorization by submitting a new form to the Financial Aid Office. I further understand that I will be responsible for paying any outstanding Cuesta College debts that I may owe above and beyond what this authorization may cover. **If I don't, a financial hold will be placed on my account for any outstanding balance. This hold will prevent me from registering from future courses, dropping courses, and viewing or receiving my transcripts until my account is paid in full.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Stamp