## Office of Financial Aid

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Tel: 718-409-7200 • Fax: 718-409-7275 • Email: <u>financialaid@sunymaritime.edu</u>

## **Federal Title IV Student Authorization Form**

STUDENT NAME	MARITIME ID#
TELEPHONE	EMAIL
Tuition, fees, room and board charges will be automatically deducted from the Federal financial aid funds (such as Pell Grant, SEOG Grant, Direct Loans) you receive. Federal guidelines require you to authorize SUNY Maritime College to use Federal financial aid funds to pay any non-educational charges such as orientation, indoctrination, health insurance, graduation fees, and library, parking, and late fines. You may also authorize SUNY Maritime College to pay up to \$200 on a prior year balance you may have for any non-educational charges.	
If you choose not to authorize SUNY Maritime College to aid you will be responsible for paying any outstanding d	o pay these non-educational charges with your Federal financial lebt to the College.
By signing this document, you understand that this is a voluntary authorization and is valid from the date of signing through your date of graduation. Additionally, you also understand that you can rescind this authorization in writing at any time.	
orientation, indoctrination, health insurance, and library I do not authorize SUNY Maritime College to appl such as orientation, indoctrination, health insurance, an	ederal funds I receive toward non-educational charges such as
charge of up to \$200.00.  I do not authorize SUNY Maritime College to appl	ederal funds I receive toward a prior year non-educational ly any Federal funds I receive toward a prior year non- if I do not authorize SUNY Maritime College to pay these charges
	ce, a hold will be placed on my account that may prevent future anscript releases until my account balance is paid in full.
Student Signature:	Date: