



Information & Authorization Form

Student Name _____ **SSN or D#** _____
(Please Print Full Name) (Student's ID Number)

**AUTHORIZATION AND APPLICATION OF TITLE IV FUNDS
To give your authorization please check box(es).**

STUDENT:

CHECK BOX:

If I receive Federal Title IV, HEA funds that are in excess of my tuition, fees, and DeVry-contracted housing (if applicable) I want these funds applied to my account for books, supplies and other institutional charges billed to my account for the period of my federal student loan. This authorization applies to each semester I am enrolled, from this date forward.

CHECK BOX:

I authorize the use of Title IV, HEA funds that are in excess of my current year education costs to pay any prior-year outstanding institutional charges. I acknowledge that this may reduce my available resources for this year.

STUDENT SIGNATURE _____ **Date** _____

PARENT (for Undergraduate students only):

CHECK BOX:

If I apply for and receive PLUS Loan funds, my signature below authorizes application of Title IV, HEA funds to the student's account and if there are funds in excess of tuition and fee charges, I authorize those funds applied to the student's account for other institutional charges billed to the account for the period of the federal student loan. This authorization applies to each semester the student is enrolled, from this date forward.

CHECK BOX:

In addition, I authorize funds that are in excess of current year costs to pay any prior year outstanding institutional charges. I acknowledge that this may reduce my available resources for this year.

Parent's SSN _____

PARENT'S SIGNATURE _____ **Date** _____

Either the student or parent may rescind this authorization at any time by notifying the Student Finance Office in writing. However, cancellation cannot be retroactively applied to funds already received and applied to your account.