Excess Title IV Funds Usage Authorization Form

Student Name: ___________________________________________ Student ID: ____________________________

**Purpose of this Form**
Federal regulations require the University to only apply credits from Title IV funds to certain qualifying charges.
Title IV funds include:
- *Direct Stafford Loans
- *Perkins Loans
- *Direct PLUS Loan

Qualifying charges include only the following:
- *Tuition
- *Student fees
- *Room and board costs billed by the University.

If your total of Title IV funds exceeds the total of these qualifying charges, the University must refund that excess to you unless you give permission to do otherwise.

This means that even if you have other non-qualifying charges (i.e., library fees, parking fees, internet charges, short term loan repayment, etc.), the University will issue you a refund check and you will also still owe on your University student account for the non-qualifying charges.
To prevent this, you may give the University authorization to use the amount of Title IV funds that exceeds qualifying charges to cover the non-qualifying charges. You can use the form below to provide the University with this authorization.

**Title IV Funds Usage Authorization**
Please indicate your authorization preference below, sign and date this form, and return it to:

Student Financial Aid
Washington University in St. Louis
Campus Box 8059
660 South Euclid Ave
St. Louis, Missouri 63110
Fax (314) 362-3045
Email: Money@msnotes.wustl.edu

Your authorization will remain in effect for the entire time you are enrolled at Washington University. You may change your authorization anytime you wish by resubmitting this form.

_____ I do **authorize** Washington University to use the excess of my Title IV funds over my qualifying charges to cover non-qualifying charges that have been billed to my student account.

_____ I do **not authorize** Washington University to use the excess of my Title IV funds over my qualifying charges to cover non-qualifying charges that have been billed to my student account. I understand that if I choose this option, I will be responsible for paying any remaining balance on my student account resulting from non-qualifying charges.

Student Printed Name: ___________________________________________ 

Student Signature:_______________________________________________________________________________ 

Date:_________________________________________________________________________________________