430 Clairmont Court, Suite 200 Colonial Heights, VA 23834 Office ° 804.765.5800 Fax ° 804.765.5937 Toll Free ° 866.338.7762

## SOUTHSIDE COLLEGE OF HEALTH SCIENCES

## **Title IV Credit Balance Authorization Form**

The Higher Education Act of 1965, as amended ("Federal Regulations"), requires that Title IV funds are to be used to pay for authorized charges in the form of tuition and fees as assessed by Southside College of Health Sciences ("SCHS"). Title IV funds include: Federal Pell Grants, Federal Direct Subsidized Loans, Federal Direct Unsubsidized Loans and Federal Direct Parent PLUS Loans.

As required by Federal Regulations, any Title IV funds awarded to the student in excess of these charges must be refunded to the student with 14 days. Title IV credit balances as a result of Federal Direct Parent PLUS Loans will be disbursed to the parent, if the parent is the borrower, within 14 days.

Federal Regulations governing how Title IV funds are processed (34 CFR 668.165(b)) allows for students or parents to voluntarily authorize SCHS to administer Title IV credit balances in various ways. Students can authorize SCHS to retain a Title IV credit balance on their behalf to be applied to future semesters within the current academic year. Parents who have borrowed under the Federal Direct Parent PLUS Loan program on the student's behalf can authorize SCHS to retain a Title IV credit balance on the behalf of the student to be applied to future semesters within the current academic year and/or disburse any applicable Title IV credit balance to the student. Any such authorization or revocation of an authorization takes effect as of the date indicated in this form.

To exercise one or more of these authorizations, please complete and submit this form to the Business office or by e-mail at SCHSBilling@bshsi.org

Student Name _		Student ID
Authorize	Cancel Authorization	Title IV Credit Balance Authorization
		SCHS to retain my Title IV credit balance on my behalf to be applied to a future semester within the current academic year.
		SCHS to retain a Title IV credit balance resulting from a Federal Direct Parent PLUS Loan on my child's (student) behalf to be applied to a future semester within the current academic year.
		SCHS to disburse a Title IV credit balance resulting from a Federal Direct Parent PLUS Loan directly to my child (student).

I understand that this authorization is voluntary, and I may revoke this authorization by submitting a subsequent form cancelling this authorization.

Student/Parent Signature

Date

Brief Description (if necessary):

Southside College of Health Science 430 Clairmont Court, Suite 200 Colonial Heights, VA 23834 Office ° 804.765.5800 Fax ° 804.765.5937 Toll Free ° 866.338.7762 Title IV Credit Balance Authorization