

Student Name: _____ BYUH ID#: _____

Student Address: _____

Street Name

City

State

Zip

Phone: _____ Email: _____

Student's Authorization

I, the undersigned student, voluntarily authorize Brigham Young University – Hawaii, to retain my excess funds from Stafford loans and/or Pell grants for the purpose of paying the balance on my account for the enrollment period that coincides with the effective date on this form.

The University will refund the credit balance in my student account unless I have requested to withhold an excess amount.

I further understand the Federal funding may be used to pay charges such as tuition, class fee, on-campus or university provided housing, late fees, insurance, deferred payment plans, book loans, and other miscellaneous charges.

Lastly, I can cancel this authorization at anytime by coming into the FASA Office by signing my original form to cancel this agreement. The cancellation will be effective on the date the form is signed and will not be retroactive.

Certification

By signing this form, I give Brigham Young University-Hawaii permission to apply by Federal Aid as described by the above mentioned paragraphs.

To Authorize:

Student Signature: _____

Effective Date: _____

To Cancel:

Student Signature: _____

Effective Date: _____