



WAUBONSEE
COMMUNITY COLLEGE

Title IV Authorization Form
Authorization to Retain and Apply Federal Student Aid

Student Name (Please Print)

WCC ID#

In accordance with the U.S. Department of Education federal regulation §668.164 of 34C FR.

I do hereby authorize Waubonsee Community College to apply any Financial Aid funds, whether they be institutional, state, federal, personal and/or other sources of financial assistance, to any charges associated with my attendance. I understand that charges may include tuition costs, fees, library fines, parking fines, late registration fines, payment plan fees, book vouchers and all other charges I incur at Waubonsee Community College. If the available financial aid funds do not cover these charges, I understand that I am ultimately responsible for all incurred expenses.

I understand that the authorization I am giving may be rescinded at any time. If I rescind my authorization, I understand that I am ultimately responsible for all additionally incurred educational experiences and will be subject to the college's established payment plan and financial policies. If I wish to rescind my authorization, I must notify the Financial Aid Office in writing. The rescind statement must be submitted to the Waubonsee Community College Financial Aid office, Route 47 at Waubonsee Drive, Sugar Grove, IL 60554.

Signature of Applicant

Date