



**FINANCIAL AID AUTHORIZATION
2008-2009**

Please print the following information:

Last Name, First Name, MI.

Social Security Number

Address (include apartment #)

E-mail Address

City State Zip Code

Student ID Number

I, the above mentioned student, understand that the phrase "institutional costs" on this document refer to the total charges for my tuition, registration fees, late registration fees, lab fees, book vouchers, I.D. charges, CDL license fees, library fines, non-sufficient fund fees, transportation fees, parking fees, graduation fees, activity fees, Student Government contributions, Continuing Education courses, audit courses, remedial courses, and miscellaneous course fees accrued during the academic school year 2008-2009. I understand that I am being granted permission to extend my billing date for payment of my institutional costs because, in the judgment of the Financial Aid Office, I demonstrate potential need for financial assistance. This extension will permit me to register for classes and delay payment of my institutional costs for as much as eight (8) weeks when payment will be due upon demand. I may:

- Seek other means of assistance, private or self help, to meet the cost of student institutional costs: and/or
- Have on file with the Financial Aid Office an electronically retrieved Institutional Student Information Record (ISIR) to determine my eligibility for aid. I can then become eligible for a full or partial deferment of institutional costs based upon such eligibility.

I, the above mentioned student, residing at the above mentioned address, hereby promise to pay City Colleges of Chicago from any financial aid monies I will receive under any program, the total sum of any institutional costs.

I understand that if I receive any financial assistance or aid, the payment of the outstanding institutional costs will be deducted before the remainder is disbursed to me.

I also understand that if it is determined that I am not eligible for financial aid; I am still obliged to pay my institutional costs from my own resources within ten (10) days of invoice.

I further understand that failure to pay the above mentioned institutional costs during the required payment period will result in the discontinuation of my enrollment at the City Colleges of Chicago and that my college records will be withheld.

I agree to these conditions and authorize the City Colleges of Chicago to make the appropriate deductions from my financial aid funds.

YES, I agree.

NO, I do not agree

Student Signature: _____ Date: _____

Note: THIS IS A LEGAL DOCUMENT. Make sure you understand and complete all sections before signing. Students are responsible for the information contained within this document and may request a copy of this form from the Financial Aid Office.