



HARVARD

School of Dental Medicine

Student Federal Authorization Form Permission to Hold Title IV Funds (Federal Loans)

Full Name: _____

HUID: _____

Federal Title IV financial aid funds are restricted to payments of current period tuition, mandatory fees (matriculation and HUSHP basic health insurance), and room and board. However, students may authorize the use of these funds for other charges that do not fall under the umbrella of mandatory fees, such as HUSHP supplemental health insurance charges, library fees, course material or book charges, late fees, parking fees, dependent insurance, etc. By completing this form, I am agreeing to allow Harvard School of Dental Medicine (HSDM) to hold and/or apply Federal Title IV financial aid funds to the following: (please check box below)

By checking the box below, I agree that in order for me to receive any credit balance created by federal financial aid funds, I must formally request a refund of Title IV funds through the Office of Financial Aid. I agree that it is my responsibility to pay my student bill by the stated deadlines or be subject to registration holds. I understand that this authorization is voluntary and will remain valid until the completion of my program at HSDM. I further acknowledge that I may rescind this authorization at any time by submitting a written request.

I authorize HSDM to apply the credit balance from federal funds to other institutional charges such as health insurance, course materials, library charges, etc.

Student Signature:

Date:
