

EXCESS AID AUTHORIZATION

Date MM/DD/YYYY

XXX-XX-_____
LAST 4 DIGITS OF SSN

I _____ authorize Mt. Sierra College to hold any excess Financial Aid funds or my advance cash payments in my account and apply it to my prior or future quarter charges for Tuition, Books, Supplies and Lab Fees.

Student Address

City

State

Zip Code

Student Signature

Comments

Current Loan Period _____ to _____

Loan Level _____

Grad Date _____

OFFICE USE ONLY

Date Received

Original to file

Copy to student account

Copy to student