

Carson-Newman University Treasurer's Office (865.471.3209)
Federal Title IV Authorization/Restriction Form
(for Title IV Financial Aid Gov't. Loans, Pell Grant, etc.)
P.O. Box 557, Jefferson City, TN 37760

Student's Last Name, First, MI _____ (please print)

Student's ID Number _____

In order to properly apply financial aid to an account, students need to indicate their preference to authorize or restrict use of their financial aid funds. **Failure to complete this form can delay refunds.**

Under federal law, the University must receive your "authorization" to cover fees other than instructional, general, course fees, technology and activity fees, and University contracted room and board fees. These other fees are called "authorized allowable charges" and can include, but are not limited to bookstore charges, library fines, and other University charges, etc....

- **If you do not return the authorization/restriction form, The University must assume that you wish to "restrict" use of your financial aid funds.** Restricted funds only cover instructional, general, course fees, technology and activity fees, and contracted University room and board fees.
- **If you "restrict" use of your financial aid funds, financial aid cannot be used to pay for authorized allowable charges such as bookstore charges, etc....** Registration payments are due by the first day of class.
- I understand that **if I do not attend classes and fail to drop/withdraw**, I am responsible for the total amount charged for my tuition and fees.
- I understand that **if I drop/withdraw from any classes or stop attending any classes prior to the end of the semester**, I may have to repay a portion of the financial aid I received through the Return to Title IV process.
- I understand **I will not be able to register for classes or receive my official transcripts** until I pay any debt created as a result of my drop/withdrawal from school.

Your selection remains in effect until you amend this form in writing at the Student Accounts/Treasurer's Office.

_____ I **"authorize"** the University to cover all fees and charges including, but not limited to bookstore charges, library fines, and other University charges, etc.

_____ I **"restrict"** use to only cover instructional, general, course fees, technology and activity fees, and University contracted room and board fees.

Student Signature _____ **Date** _____

Return Form to Student Accounts Office in Fite Building OR Scan and Email to student-accounts@cn.edu OR Fax to 865-471-2021

Student Accounts/Treasurer's Office: Office Use: _____ Initials _____ Date _____

USE THIS SPACE TO REVOKE PREVIOUS AUTHORIZATION. This authorization is revoked this _____ day of _____, _____ Student Signature _____ Office Use: _____ Initials _____ Date _____
