



## Authorization to Apply Bookstore Charges to My Financial Aid

**Reynolds Community College needs your permission to use your federal and state financial aid and/or scholarship funds to pay for your books and supplies.**

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

*Please read the below information carefully before signing this form.*

My signature below certifies that I give my permission to \_\_\_\_\_ Community College and the College's Bookstore to access my financial aid information and to charge books and supplies that I purchase against my financial aid for the current term. In accordance with federal regulations, I will use the financial aid that I was awarded ONLY to purchase books and supplies for eligible courses in the current term.

If I decide not to attend, I MUST return my purchases before the last day to drop for the term and I must return my books BEFORE I drop my courses. (Return dates are available at the Bookstore).

If my financial aid eligibility is reduced or canceled due to a change in my enrollment status or eligibility and does not cover the amount I have charged, I understand that I am responsible for paying the resulting balance and will be denied future services by the College until I have repaid this debt.

**I understand that if I am eligible for a refund from my financial aid, the refund will be reduced by the amount I charge for books and supplies in the Bookstore using my financial aid.**

If I do not pay the resulting balance and I am awarded financial aid in a future term, I give my permission for this debt to be deducted from any refund I may be due as long as the debt is \$200 or less.

If I choose to make purchases online, I give my permission to charge the shipping costs against my financial aid for the current term.

I understand that I may cancel or modify this authorization for any future transactions at any time by providing a signed statement to the Financial Aid Office. Additionally, by signing and submitting this form I am authorizing College bookstore staff to use personally identifiable biographical and financial aid award data to determine the amount of excess aid I have available for use in purchasing allowable books and supplies. In addition, my signature on this form assures that my consent is being given voluntarily.

**WARNING: If you purposely give false or misleading information or authorization for someone other than yourself, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date