VILLANOVA UNIVERSITY SCHOOL OF LAW
CASH MANAGEMENT STATEMENT

Pease remember to SIGN and return this form to the Villanova Law School Office of Financial Aid.
Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name:_____ Banner ID#:_____

Federal Title IV funds (Stafford Loans, Perkins Loans and Graduate PLUS Loans) may only be used to pay for your tuition and fees UNLESS you **authorize** Villanova Law School to use Federal Title IV funds to pay other charges over and above your tuition and fees such as health insurance, parking fees, etc.

This authorization form will enable you to choose which option you prefer to use when crediting your Title IV funds. Please review each option and indicate your choice below. **This authorization will remain in effect for all periods of enrollment at Villanova Law School.** If at any time you wish to modify or rescind this authorization, you must do so in writing to the Office of Financial Aid.

Authorization for Application of Title IV Funds (Please Choose One):

YES_____I authorize Villanova University to use my financial aid credit balance to pay miscellaneous charges on my student account over and above my tuition and fee charges. These charges may include but are not limited to health insurance, parking fees, etc.

OR

NO_____ I do not authorize Villanova University to use my financial aid credit balance to pay miscellaneous charges on my student account over and above my tuition and fee charges. I understand that I will be responsible for remitting payment for these charges directly to the Bursar's Office.

This information must be provided prior to any funds being disbursed to your student account.

Student Signature:_____ Date:_____