



FINANCIAL AID OFFICE

50 PHELAN AVENUE • SAN FRANCISCO, CA 94112 ☎ (415) 239-3575/3576 • Fax (415) 239-3917

Must submit in person

AUTHORIZATION TO USE TITLE IV FUNDS TO PAY FOR INSTITUTIONAL CHARGES

Name of Financial Aid Applicant			
Last Name	First	MI	SSN/Student ID

I, _____, voluntarily authorize City College of San Francisco to disburse my Title IV funds by crediting my student account and by applying those funds to my allowable charges, other cost-of-attendance charges, web registration fees, Financial Aid overpayments, and all other institutional charges that I have incurred. I understand that I can rescind or modify this authorization at any time and that any such changes to the authorization will become effective as of the date submitted in writing to the CCSF Financial Aid Office.

Signature

Date