



Office of Student Financial Aid
Student Services and Enrollment Management

AUTHORIZATION TO USE TITLE IV FUNDS FOR OTHER RELATED EDUCATIONAL EXPENSES

Form with fields for (Name) Please Print, Banner M #, Local Address, City, State, Zip, Local/Mobile Telephone Number, and Signature.

My signature above grants Meharry Medical College's Offices of Student Financial Aid and Student Financial Services permission to use Title IV, HEA program funds to satisfy (current year charges) - please indicate the name of fee/item and the amount being requested below:

- List of expenses to be covered: Family/dependent health insurance premium, Housing, Prior award year tuition and fee charges, Bookstore charges.

I understand that by signing this document it releases Meharry Medical College from any liability associated with the violation of the paying for other educational related expenses with Title IV funds not included in the Cost of Attendance (COA).

\_\_\_ fall 20 \_\_\_ \_\_\_ spring 20 \_\_\_

I further understand that this document will need to be completed each semester in which I am requesting these charges be covered with federal student aid and the Authorization Form must be completed and maintained in my student folder in each office.

-----FOR OFFICE USE ONLY-----

Fee or charges granted: Amount approved:

Semester applied: Funds submitted to agency:

Approved by: Name (please print) Signature Date