VCU Strategic Enrollment Management and Global Initiatives

Authorization to Use Federal Funds

Grace E. Harris Hall 1015 Floyd Avenue, Suite 1100
Box 843036
Richmond, VA 23284
Website: https://sfs.vcu.edu

Student Name

Last: First: MI:

Student ID Number:

Authorization Statements

1. I understand my financial aid (federal, state, university, etc.) will be used to pay institutional charges that include tuition, fees, room and board.
2. I understand the university will apply any excess financial aid (not in excess of $200) to any prior academic year charges on my account.
3. I request the university apply any excess financial aid to any other educationally related charges (miscellaneous health fee, collection costs, etc.) assessed to my student account.
4. I understand that I can choose not to have my excess financial aid funds applied to these other charges. If I choose not to have my financial aid funds applied to other charges, I understand my account may be blocked until the other charges owed the university are paid.
5. I understand that I can modify or rescind this agreement at any time.

Student Signature: Date:

Submission Options

Mail this form to	Fax this form to	Scan and email this form to	Or hand deliver this form to
VCU Student Accounting P.O. Box 843036 Richmond, VA 23284-3036	(804) 828-5463	stuacctg@vcu.edu	Harris Hall, First Floor1015 Floyd Ave. Richmond, VA 23284