Bursar's Office Southside College of Health Sciences 430 Clairmont Court, Suite 200 Colonial Heights, VA 23834 P: (804) 765-5800 F: (804) 765-5937

Email: SCHSBilling@bshsi.org



## **Title IV Credit Balance Authorization Form**

The Higher Education Act of 1965, as amended ("Federal Regulations"), requires that Title IV funds are to be used to pay for authorized charges in the form of tuition and fees as assessed by Southside College of Health Sciences ("SCHS"). Title IV funds include: Federal Pell Grants, Federal Supplemental Educational Opportunity Grants ("FSEOG"), Federal Direct Subsidized Loans, Federal Direct Unsubsidized Loans and Federal Direct Parent PLUSLoans.

As required by Federal Regulations, any Title IV funds disbursed to the student in excess of these charges must be refunded to the student within 14 days of the disbursement date to the student's account.

Federal Regulations governing how Title IV funds are processed (34 CFR 668.165(b)) allows for students to voluntarily authorize SCHS to administer Title IV credit balances in various ways. Students can authorize SCHS to retain a Title IV credit balance on their behalf to be applied to future semesters within the current academic year. Any such authorization or revocation of an authorization takes effect as of the date indicated on this form.

	one or more of the one of the one or more of the one of	ese authorizations, please complete and submit this form to the Bursar's Office
Student Name		Student ID
Authorize	Cancel Authorization	Title IV Condit Delever Authorization
Authorize	Authorization	Title IV Credit Balance Authorization  SCHS to retain my Title IV credit balance on my behalf to be applied to a future semester within the current academic year.
	tand that this autho	rization is voluntary and I may revoke this authorization by submitting a subsequent form
Student Sign	nature	Date