

Class of 2029

Part III: Financial Aid

Federal Student Aid Authorization Statement

Under Title IV of the Higher Education Act, the Alabama College of Osteopathic Medicine (“ACOM”) may credit federal student aid that you have been awarded (referred to as your “Title IV Funds”) to your account at ACOM (your “ACOM Account”). ACOM may automatically apply your Title IV funds to pay tuition and mandatory fees charged to your ACOM Account without any additional action or authorization from you. However, ACOM may apply your Title IV Funds to pay optional learning resource and textbook fees, health insurance premiums, and any other costs related to your attendance at ACOM and charged to your ACOM Account (“Other Educationally Related Charges”) only if you authorize ACOM as provided below.

Your authorization is not required. If you provide authorization to ACOM, your authorization will remain in effect as long as you are a student at ACOM. You may modify or cancel your authorization at any time by completing and submitting a new Federal Student Aid Authorization Statement to ACOM’s Office of Financial Aid. Your new Federal Student Aid Authorization Statement will take effect on the date that ACOM receives it. If you cancel this authorization, the cancellation will not affect ACOM’s authorization to pay charges you incurred before ACOM received your cancellation.

AUTHORIZATION TO PAY OTHER EDUCATIONALLY RELATED CHARGES

I authorize ACOM to apply my Title IV Funds to pay Other Educationally Related Charges on my ACOM Account.

Yes.

No. I understand that, although I do not authorize application of my Title IV Funds to pay these charges, I am responsible to pay these charges and my failure to pay them could result in a hold on my registration or continued enrollment at ACOM.

Student’s Name: _____ ACOM ID: _____

Student’s Signature: _____ Date: _____

CANCEL AUTHORIZATION

I cancel any previous authorization I granted to ACOM to apply my Title IV Funds to pay Other Educationally Related Charges on my ACOM Account.

Student’s Name: _____ ACOM ID: _____

Student’s Signature: _____ Date: _____