

# Class of 2030

## 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 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 health insurance premiums, charges for electronic devices, 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 still obligated to pay them. I understand that my failure to pay charges when due could result in a hold on my registration and an interruption or termination of my 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: \_\_\_\_\_