

**STUDENT FINANCIAL ASSISTANCE  
AUTHORIZATION FORM  
CAMPUS BOOKSTORE PURCHASES**

**STUDENT INFORMATION**

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER XXX-XX- \_\_\_\_\_ (enter only last 4 digits of your social security number)

PERMANENT ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR CAMPUS BOOKSTORE PURCHASES**

During the period that I am enrolled in The City University of New York, Hostos Community College can use my excess Title IV financial aid funds (e.g., after tuition and fees are covered) for my purchases at the College bookstore. The actual amount available will be determined by the College just before the semester starts. I understand that, if I do not sign this authorization, the College will send me a check for those excess funds, or, at my request, direct deposit them into my bank account, instead of using them to fund my purchases at the College bookstore. I further understand that I have the right to cancel or modify this authorization in writing. Your Financial Aid must clear by 1/11/2012 to be eligible for either a book voucher or book advance.

If my eligibility for Title IV funds changes (e.g. changes in registration/enrollment status) I understand that I may be responsible to repay some or all funds used at the College bookstore.

\_\_\_\_\_ I authorize my excess funds to be available for my purchases at the bookstore from 1/17/2012 to 2/15/2012 – (Application deadline February 10th 2012).

**My signature acknowledges that I understand the terms and conditions of this agreement.**

**Signature**

**Date**

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**Return this form to the “*Business office*” at the address below**

**Hostos Community College  
120 East 149<sup>th</sup> Street, room DB106  
Bronx N.Y. 10451**