

**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**

I authorize the City University of New York during the period that I am enrolled in Hostos Community College to use my excess Pell financial aid funds (e.g., after tuition and fees are paid) for my purchases at the Hostos/Barnes & Noble 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, at the Pell distribution date (9/30/09), or 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 at any time.

If my eligibility for Pell 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.

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

**Signature**

**Date**

\_\_\_\_\_

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**Return this form to the address below**

**Hostos Community College  
120 East 149<sup>th</sup> Street, room DB104 (Bursars Office)  
Bronx N.Y. 10451**