



Permission to Use My Credit Balance from Financial Aid to Pay a Back Balance on My Account

Student name _____

Student ID _____

I grant the Empire State College Student Accounting office permission to pay my current account balance of \$ _____ with my excess financial aid funds for the _____ term.
(enter amount) *(enter upcoming term)*

I intend to register half time / full time in the upcoming term.
(circle one)

Please be aware that if your balance is from a previous academic year, the amount cannot exceed \$200.

I also am verifying that paying this back balance does not interfere with my ability to pay all of my educational expenses and cost of attendance for the upcoming term.

By signing this agreement, I understand that if my financial aid is denied for any reason, I am responsible for all charges on my account, including my back balance and charges for the upcoming term.

Student signature _____

Date _____

Mail this form to
Financial Aid, Empire State College, 111 West Avenue, Saratoga Springs, NY 12866-6048
Or fax to 518 581-2782

FOR OFFICE USE ONLY

FA approval _____ Date _____

SA processed _____ Date _____