



## STUDENT/PARENT AUTHORIZATION

I/we authorize Samuel Merritt College to use my Student Financial Aid (SFA) to cover charges other than tuition and fees. Other charges can be, but are not limited to, Health Insurance and Student Body Association.

I/we understand the following:

- ❖ Samuel Merritt College will retain a record of charges and credits to my student account and I/we may ask for an accounting at any time.
- ❖ I/we may rescind this authorization at any time upon written notification to the Business Office Manager.

I/we further understand that this authorization is valid until the student graduates, withdraws, or advises Samuel Merritt College in writing of a request to rescind this authorization. **I/we understand that if I/we rescind this authorization, I/we may owe for charges that these funds were intended to cover.**

*Parent Signature not required for Graduate Students*

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name (Print) \_\_\_\_\_<sup>1</sup>

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Name (Print) \_\_\_\_\_

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<sup>1</sup>F:/Private/Fas/Common Office Forms/Loan Forms & Letters/Student Authorization