Dear Student and Parents:

Welcome to the RIT community. It is our understanding that you have received a financial aid package which includes Title IV Federal Student Aid (either Federal Direct Loans, PLUS Loans, Perkins Loans, Pell Grants, and/or SEOG). Federal financial aid regulations require that we automatically refund, within 14 days, any credit balance which may be created when the Title IV aid is distributed to your student account and it exceeds your term’s charges.

However, we have found that most of our students and parents prefer the option to request these credit balances as soon as possible and not wait the 14 days for a refund (It takes RIT 3-5 days to deliver a refund check from the date of request). Others prefer the flexibility to maintain the credit balances on their student account to pay for subsequent terms charges or to request a refund at a later date. The federal financial aid regulations allow us the capability to provide these options to you if we receive written authorization from the student (or parent in the case of a PLUS loan).

If you would like the flexibility to handle your Title IV credit balances as stated above, please sign the following authorization statement and return it to the Office of Student Financial Services. You may cancel this authorization at any time by contacting the SFS Office, in writing. Please feel free to contact the SFS Office if you have any questions regarding this matter.

Student’s Name __________________ Student University ID Number ________________

STUDENT TITLE IV AUTHORIZATION

☐ I authorize RIT to maintain any excess funds of my federal financial aid over my current term’s charges until I request release of those funds or until the funds are applied to subsequent term’s charges.

Student Signature: __________________________ Date: ______________

PARENT PLUS TITLE IV AUTHORIZATION

☐ I authorize RIT to release excess PLUS funds to my student upon their request

PLUS Loan Borrower’s Name: __________________________
Borrower’s Signature: __________________________ Date: ______________