



FINANCIAL AID RELEASES (FAR)

BOOKSTORE RELEASE

Yes No

I hereby authorize _____ deduct any and all indebtedness that
(PRINT OR TYPE YOUR COLLEGE NAME HERE)

I may have at the _____ from any type of financial assistance
(PRINT OR TYPE YOUR BOOKSTORE NAME HERE)

I might receive. In order to process the deductions, I consent to the release to the Bookstore of necessary information from my student financial assistance records.

I understand that I am personally responsible for payment of all my bookstore charges in the event that my grant/scholarship/loan is revoked or does not cover the entire balance of my charges. I accept full responsibility for the repayment of my charges. I acknowledge that KCTCS will pursue collection of all outstanding accounts pursuant to its Business Procedures. Further, I acknowledge if my account becomes delinquent KCTCS may refer it to outside agencies for collection with the referral being subject to additional fees and costs.

I also understand that my purchases are subject to the established refund policies and guidelines of the bookstore.

Further, I acknowledge and hereby grant the college the right to apply any financial aid I may receive toward the payment of this note, including but not limited to PELL, SEOG, external or institutional scholarships, and/or student loans.

TITLE IV RELEASE

Yes No

I hereby authorize all funds, including Title IV, to be used for the purposes of payment of any non-required institutional charges (if assessed); fees, library fines, parking fine, etc.

I hereby authorize all current year funds to apply to any minor prior year charges.

This is a voluntary authorization and you may refuse to authorize use of funds or rescind any or all provisions of the authorization at any time by contacting the financial aid office.

FERPA RELEASE

I hereby authorize the Financial Aid Office to provide requested information to:

My Parents Yes No

My Spouse Yes No

Print or type Student's full name

EMPLID or SSN

Student's Signature

Date