



# 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 **NOTE:** *Picture identification will be required before any personal student information is released. Personal student information cannot be divulged via phone or other electronic means.*

My Parents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent's Name: _____/_____
My Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse's Name: _____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Relation: _____ Name: _____

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

\_\_\_\_\_  
*Print or type Student's full name*

\_\_\_\_\_  
*EMPLID or SSN*

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*