Authorization for the Deduction of Miscellaneous Charges from Financial Aid

Financial aid funds are available to pay tuition, fees, room and board (if the student contracts with CSI for housing and/or board). The CSI Business Office disburses all financial aid funds in excess of these charges to the student or parent. With your permission, CSI can apply your excess financial aid award to your student account to pay other educationally related charges. These charges may include: traffic/parking fines, library fines, Student Health fees, late fees, reinstatement fees, and returned check charges, etc.

If you are entitled to a financial aid refund, and you would like that refund applied to charges on your CSI billing, please complete this form and return it to the CSI Financial Aid Office. After all charges have been paid, any remaining funds will be refunded.

Authorization

I authorize the College of Southern Idaho to apply any excess funds from my financial aid directly to my CSI bill to cover miscellaneous charges. I understand that normally all excess monies would be refunded directly to me and it is my choice to waive the refund process.

If there is money remaining after paying all of my charges, the excess will be refunded to me.

If your parents have received a PLUS loan, they will need to sign this form as well.

I authorize College of Southern Idaho to apply (check only those you wish to authorize):

- Title IV federal financial aid funds against miscellaneous institutional charges.
- Title IV federal financial aid funds against minor (less than $200) prior-year educational expense charges.

I understand this authorization remains in effect for each semester I attend CSI. I may modify or rescind this authorization, or any part thereof, at any time by contacting Financial Aid Office in writing at the address below.

Student’s Name (please print) ____________________________________________

CSI Student ID Number__________________________________________________

Student’s Signature_________________________ Date__________

Parent’s Signature (PLUS loan only)_________________________ Date__________

Please return this form as soon as possible to:

College of Southern Idaho
Financial Aid Office
P.O. Box 1238
Twin Falls, ID 83303-1238
Fax: (208)736-3014