

## 2023-2024 Authorization to Hold Excess Funds

Return this form to:
Mail: HCC Financial Aid
606 West Main
Highland KS, 66035

Email: financialaid@highlandcc.edu

Fax: 785-442-6106

**Phone:** 785-442-6000 ext. 2002

Last Name	First Name	MI	StudentID
Date of Birth	Telephone Number	E-Mail Address	
The state of the s	are providing written guidance to ur student account by Federal Stu	-	ollege (HCC) in the management of a ther non-federal funds.
	de: Federal Pell Grant, Federal SE		ount exceed tuition and other eligible d Loan, Federal Unsubsidized Loan and
Examples of non-federal fu party payments.	nds that may create a credit bala	nce include Scholarship	os, State or Local Grants, and Third-
than 14 calendar days after	the FSA is officially disbursed to	the student account. S	GA must be paid to the student no later igning this form authorizes HCC to lied towards future eligible educationa
	ain in effect for each subsequent beyond the end of the school yea	•	rithdraw it. However, in no case will HC were awarded.
Authorization:			
I voluntarily authorize HCC	to hold and manage my credit ba	alance as described wit	hin this authorization.
Student Signature (Signature m	ust be handwritten; digital signature not acc	epted.) Do	ate
	withdrawn at any time. If you wit ays. Cancellation is not retroactiv	•	on, HCC will issue any remaining credit
Withdrawal: I voluntarily authorize HCC I will need to complete a ne	-	want HCC to hold my c	redit balance in the future, I understan
Student Signature (Signature of	nust be handwritten; digital signature not ac	cented )	ate