



**Return this form to:**  
**Mail:** HCC Financial Aid  
 606 West Main  
 Highland KS, 66035  
**Email:** [financialaid@highlandcc.edu](mailto:financialaid@highlandcc.edu)  
**Fax:** 785-442-6106  
**Phone:** 785-442-6000 ext. 2002

**2024-2025 Authorization to Hold Excess Funds**

**A. Student Information**

_____	_____	_____	_____
Last Name	First Name	MI	Student ID
_____	_____	_____	_____
Date of Birth	Telephone Number	E-Mail Address	

With this authorization, you are providing written guidance to Highland Community College (HCC) in the management of a credit balance created on your student account by Federal Student Aid (FSA) and/or other non-federal funds.

An FSA credit balance occurs when the total FSA funds credited to a student’s account exceed tuition and other eligible charges. Types of FSA include: Federal Pell Grant, Federal SEOG, Federal Subsidized Loan, Federal Unsubsidized Loan and Federal Direct Parent PLUS Loan.

Examples of non-federal funds that may create a credit balance include Scholarships, State or Local Grants, and Third-party payments.

Unless a student authorizes HCC to hold a credit balance, a credit resulting from FSA must be paid to the student no later than 14 calendar days after the FSA is officially disbursed to the student account. Signing this form authorizes HCC to retain an FSA and/or non-federal credit balance to your student account to be applied towards future eligible educational expenses.

This authorization will remain in effect for each subsequent semester unless you withdraw it. However, in no case will HCC hold an FSA credit balance beyond the end of the school year for which the funds were awarded.

**Authorization:**

I voluntarily authorize HCC to hold and manage my credit balance as described within this authorization.

_____	_____
Student Signature (Signature must be handwritten; digital signature not accepted.)	Date

This authorization may be withdrawn at any time. If you withdraw your authorization, HCC will issue any remaining credit balance to you within 14 days. Cancellation is not retroactive.

**Withdrawal:**

I voluntarily authorize HCC to release my credit balance. If I want HCC to hold my credit balance in the future, I understand I will need to complete a new authorization form.

_____	_____
Student Signature (Signature must be handwritten; digital signature not accepted.)	Date