

## **Student Account Authorization 2010-2011**

I authorize Briar Cliff University to apply all financial aid to tuition, fees, room, board and all miscellaneous charges, although I reserve the right to exclude miscellaneous charges.

I authorize Briar Cliff University to refund a credit balance on my account unless I request a hold, and I reserve the right to rescind the authorization.

I authorize Briar Cliff University to use student financial aid program funds to be applied to any prior-year charges.

I understand I have the right to cancel or modify this student account authorization at any time.

Print Name \_\_\_\_\_ SSN \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_