



Student Name: \_\_\_\_\_

NDid: \_\_\_\_\_

## Federal Title IV Parent Authorization Form

Federal regulations require the University to only apply federal Title IV funds to certain allowable charges.

Federal Title IV funds include:

- \* Direct Subsidized/Unsubsidized Loan
- \* Direct Graduate PLUS Loan
- \* Direct PLUS Loan
- \* Pell Grant
- \* SEO Grant

Allowable charges include only the following:

- \* Tuition
- \* Mandatory Fees
- \* Room and board, if contracted with the University

If the sum of federal Title IV funds exceed the sum of these allowable charges, the University must return that excess to the student or parent borrower; however, the borrower can authorize the University to apply the amount of federal Title IV funds that exceed the allowable charges to cover non-allowable charges (such as health insurance, vehicle registration, bookstore charges, etc.) on the student's account. In accordance with federal regulations, if Parent PLUS loan funds create a Title IV excess, then the parent borrower determines how the excess is to be handled.

### AUTHORIZATION

By signing below:

- I authorize the University of Notre Dame to apply Title IV funds to all charges on my student's account for the academic year for which the Title IV funds are received.
- I authorize the University of Notre Dame to hold any excess Title IV funds for future charges within the loan period.
- I authorize the University of Notre Dame to apply any Title IV funds I receive toward prior year charges, as allowed by federal regulations.

I understand that this authorization is voluntary and will remain valid as long as my student is enrolled at the University of Notre Dame. At any time during the period of enrollment I may rescind this authorization, or any portion of the authorization, by contacting the Office of Student Accounts. I further understand that I will be responsible for paying any outstanding debts to the University of Notre Dame if I cancel this authorization.

Parent Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM TO OFFICE OF STUDENT ACCOUNTS

**MAIL**  
Office of Student Accounts  
116 Main Building  
Notre Dame, IN 46556

**FAX**  
(574) 631-7117

**FOR OFFICE USE ONLY**

TVAAUTH: PTV

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial: \_\_\_\_\_