

STUDENT'S NAME: \_\_\_\_\_

OXY ID: \_\_\_\_\_

**FUNDS  
AUTHORIZATION**

Occidental College  
Financial Aid Office  
1600 Campus Road F-35  
Los Angeles, CA 90041

Phone: 323-259-2548  
Fax: 323-341-4961  
finaid@oxy.edu  
www.oxy.edu/financial-aid

I authorize Occidental College to apply any federal, state, institutional, or private loan, grant, or scholarship funds toward the payment of tuition, fees, and other charges billed by Occidental College. I make this request voluntarily in order to be assured that my tuition, fees, and other charges to Occidental College will be paid in a timely manner. I also understand that an accounting of these funds is available to me at any time. I further authorize Occidental College to hold excess funds on my behalf. Occidental College will maintain these funds in a subsidiary ledger account with sufficient cash in its bank account to cover these excess funds, and that interest, if any, earned by this account will be retained by Occidental College.

I further understand that I have the right to rescind or modify this request (in writing to Occidental College Student Business Services) and to receive the proceeds at any time without penalty.

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**Student Signature (no electronic signatures)**

**Date**