

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

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

**FUNDS  
AUTHORIZATION**

Occidental College  
Office of Financial Aid  
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 hereby authorize Occidental College to use federal, state and institutional student aid funds to pay for allowable educationally related charges (including prior year charges of \$200 or less) other than tuition, fees, and on-campus room and board (if applicable). Examples of such charges are library charges, parking fines, music lessons, Occidental Student Health Insurance Program costs, and Bookstore Voucher charges. Federal and state aid covered by this authorization include the following funds: Cal Grant (for California residents only), Federal Pell Grant, Federal Supplemental Educational Opportunity Grant (FSEOG), Federal Direct Subsidized Loans Federal Direct Unsubsidized Loan, Federal Parent Loan for Undergraduate Students (PLUS), Iraq and Afghanistan Service Grant, and all scholarship, grant and loan funds provided by Occidental College.

In the event that my financial aid exceeds my charges, I authorize Occidental College to hold the excess funds on my behalf. The amount of any excess funds is available to view on-line at any time. Occidental College will maintain any such funds in a subsidiary ledger account designed for this purpose with sufficient cash in its depository account to cover these excess funds.

I make this request voluntarily in order to be assured that my tuition, fees, on-campus room and board (if applicable) and other charges will be paid in a timely manner and understand that a detailed accounting of these funds is available to me at any time from the Occidental College Office of Student Business Services.

I acknowledge that this authorization is effective for my entire period of enrollment at Occidental College unless I cancel or modify this authorization in writing with the Occidental College Office of Student Business Services. I may refuse to authorize any individual item on this statement but any cancellation or modification of this authorization will not be retroactive; it would take effect the date the written cancellation or modification is received by the Occidental College Office of Student Business Services.

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**Student Signature (no electronic signatures)**

**Date**