

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 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.

Student Signature (no electronic signatures)

Date