

**AUTHORIZATION TO PERMIT ALL SOURCES OF FEDERAL FINANCIAL AID
TO BE USED FOR PAYMENT OF CURRENT CHARGES**

Name

Last

First

Middle Initial

Student Number

1. I authorize the University of South Carolina to use any or all of my available federal financial aid to apply against all current year University charges.
2. I understand that I am still responsible for any charges not covered by my federal financial aid, and this authorization applies to all sources of federal aid.
3. I understand that this authorization will remain in force until such time that I rescind it by notifying the Office of Financial Services in writing. I may rescind this at any time.
4. Federal financial aid will not be used to pay your fees until this form is signed and returned.

NOTE: Signing this form does NOT automatically pay your bill. You must either use VIP (<https://vip.sc.edu>) or follow regular payment procedures to get your bill paid.

Signature

Date

Sign and return this form to:

OFFICE of FINANCIAL SERVICES
University of South Carolina
206 Petigru (Pickens & Greene Streets)
Columbia, SC 29208

Office Use Only

Date Received

Date Entered

Initials