Student Name (Please Print) Al	UTHORIZATION TO USE TITLE IV FINANCIAL	AID FUNDS
Please complete this form immediately at 38238.	nd mail to: The University of Tennessee @ Martin, Office of Busines	ss Affairs, 116 Administration Building, Martin, TN
room and (2) prior-year charges if your c	obtain the student's signature as authorization to apply Title IV funds to urrent funds are enough to cover both current and prior-year charges. Warges only. You will be responsible for any remaining charges.	
I voluntarily authorize UT Martin to appl	y my Title IV funds as indicated with a check below:	
Allowable charges other than fee departmental changes, returned of	ee, tuition and dorm room such as meal plans, rent, telephone charge check fees, etc.	es, fines, late charges, debit card charges, child care,
Prior-year charges		
	in valid for the entire period the student is enrolled at UT Martin and that in on file in the Office of Business Affairs and all modifications to this at	
Student Signature	Student ID#	Date

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udent Name (Please Print) AUTHORIZATION TO USE TITLE IV FINANCIAL AID FUNDS
ease complete this form immediately and mail to: The University of Tennessee @ Martin, Office of Business Affairs, 116 Administration Building, Martin, TN 1238.
ederal regulations require the school to obtain the student's signature as authorization to apply Title IV funds to (1) allowable charges other than fees, tuition and dorm om and (2) prior-year charges if your current funds are enough to cover both current and prior-year charges. Without your permission below, your Title IV funds will be responsible for any remaining charges.
voluntarily authorize UT Martin to apply my Title IV funds as indicated with a check below:
Allowable charges other than fee, tuition and dorm room such as meal plans, rent, telephone charges, fines, late charges, debit card charges, child care, departmental changes, returned check fees, etc.
Prior-year charges
understand this authorization will remain valid for the entire period the student is enrolled at UT Martin and that I may cancel or modify this authorization, in writing, any time. This authorization will remain on file in the Office of Business Affairs and all modifications to this authorization will be directed to this office.
udent Signature Student ID# Date

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