Rogue Community College

Office of Budget and Finance
3345 Redwood Highway Ph: (541) 956-7450
Grants Pass, OR 97527-9298 Fax: (541) 956-7249

FUNDS RELEASE AUTHORIZATION FORM
(Prior year only)

Name: ______________________________ Date: ___________________

Student ID #: ______________________________ Phone: ________________

1. Prior-Year Charges From: _______ (Term) _____________ (Academic Year) $____________________* (Tuition/Fee Balance)

***NOTE: $200.00 maximum. Any prior year balance in excess of $200.00 must be otherwise paid in full in order to consider this request.**

2. Next enrollment term? ___________ (Term) ____________ (Academic Year)

3. Number of anticipated credits (make sure FA matches)? _________________ (Credits)

3. Is Financial Aid awarded for this next enrollment term for which you wish to register?
   Circle one. Yes / No

4. How much of this next term's excess financial aid (after institutional charges are paid) do you wish to apply towards your prior-year tuition/fee balance? $__________.____ (Amount not to exceed $200.00 if from another academic year.)

I hereby request that Rogue Community College use the above information to process a repayment of my balance and authorize release of my financial aid award for the amount indicated. Should my financial aid award be adjusted after it has been applied to charges for any reason, I understand that I may still have a balance due. I understand my financial aid award may be used to pay tuition, fees and other authorized non-institutional charges reflected on my student account. I further understand that I will be required to pay any such charges in excess of $200.00 before any financial aid will be applied to a prior-year balance.

______________________________ ______________________
Student Signature Date

RCC is an open institution and does not discriminate. For RCC's non-discrimination policy and a full list of regulatory specific contact persons visit the following webpage: www.roguecc.edu/nondiscrimination.

Rogue Central Procedures for Funds Release Authorization Form

1. After student completes form, verify that they have a financial award for the term indicated and the anticipated number of credits on this worksheet matches what they have indicated they will be taking for the next enrolled term.
2. Collect payment for any prior-year balance in excess of $200.00.
3. Scan into the Student – Student Services folder with the student's SSN, document type set to "FA – Incoming Misc." and Notes set to "Funds Release Authorization Form".
4. Email the scanned document to RCC's Collections Specialist – to email a scanned document, select "document", "mail document pages", and select the page range. When outlook launches a new message with the document attached enter the appropriate email address.
5. Shred the original.

Collections Specialist Procedures for Funds Release Authorization Form

1. Check to confirm that prior-year balance is no more than $200.00 and if so student has paid the difference.
2. Complete a FA Prior Balance Worksheet and determine if student is eligible. Attach form to the Funds Release Authorization Form.
3. Contact student with 48 hours and notify of eligibility or ineligibility.
4. If eligible, remove the financial hold.
5. After initial post/apply of aid or EFT download, apply financial aid to prior charges for the indicated amount, up to $200.00.

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