



ONLINE
Tel: 866.527.5268 (Toll Free)
AUGUSTA
Tel: 207.213.2500
CEDAR FALLS
Tel: 319.277.0220
CEDAR RAPIDS
Tel: 319.363.0481

DAVENPORT
Tel: 563.355.3500
DES MOINES
Tel: 515.727.2100
HAGERSTOWN
Tel: 301.766.3600
INDIANAPOLIS
Tel: 877.320.5430

LEWISTON
Tel: 207.333.3300
LINCOLN
Tel: 402.474.5315
MASON CITY
Tel: 641.423.2530
MILWAUKEE
Tel: 414.223.2105

OMAHA
Tel: 402.431.6100
ROCKVILLE
Tel: 301.258.3800
SOUTH PORTLAND
Tel: 207.774.6126
ST. LOUIS
Tel: 314.205.7900

STUDENT AUTHORIZATION TO HOLD EXCESS FUNDS:

Kaplan University disburses federal Title IV funds to your student account in order to apply those funds to your tuition and fees. If the funds received exceed your current charges, you may choose to have Kaplan University hold those funds on your account to apply toward tuition and/or applicable fee charges to help you budget your expenses within the academic year, or you may opt to have the credit balance released on a term-by-term basis. You may authorize the credit balance to be sent to you (the student) or to the lender as a refund. Please refer to your financial aid award letter as a guide to your financial planning.

Please select **only one** option below.

I **authorize** Kaplan University to retain any Title IV funds on my account in excess of my current charges. This may be done to help me budget these funds and make them available to pay unpaid tuition and/or applicable fee charges from the current academic year. I understand that Kaplan University will refund any remaining excess funds **to the lender** at the completion of any academic year, and that this authorization will remain in effect until I submit a written request to rescind it.

I **authorize** Kaplan University to retain any Title IV funds in excess of my current charges on my account. This may be done to help me budget these funds and make them available to pay unpaid tuition and/or applicable fee charges from the current academic year. I understand that Kaplan University will deliver any remaining excess funds **to the student** at the completion of any academic year, and that this authorization will remain in effect until I submit a written request to rescind it.

I **do not authorize** Kaplan University to hold any credit balance to be applied to future charges. Please deliver any credit balance remaining on my account **to the student**. I understand that I should speak to Kaplan University financial aid staff to discuss my responsibilities for future terms.

By submitting this completed form you are also acknowledging:

- If I have unpaid educationally related charges from the previous academic year (tuition, fees, etc), up to \$200 of my current year excess funds may be used to pay off or reduce the prior year balance, as allowed by federal regulations.
- I am canceling any authorizations indicated on any previously submitted versions of this form; only authorizations indicated on this current version of the form will be in effect.
- Unless otherwise indicated, the option selected on this form applies only to credit balances in which the student is the borrower.
- To cancel or modify any information on this form I must do so in writing to the Financial Aid Office.
- If I have questions about this process or this form in general I should contact the Financial Aid Office.

Student Name (printed): _____ Student Number: _____

Student Signature: _____ Date: _____