



# **BOOKSTORE ACCOUNT REQUEST**

## **AUTHORIZATION TO APPLY FINANCIAL AID FUNDS**

*(This request is ONLY available prior to refund disbursements, therefore it must be completed and submitted to Financial Aid by: )*

**Bookstore Account will not be available for 48 hours (2 business days) – could be sooner.**

Student's Name (Please **PRINT** full name) \_\_\_\_\_

Student ID (9 characters) \_\_\_\_\_ (Starts with a P)

**If name is not clear and legible, or ID # missing, account may be delayed or denied.**

I, \_\_\_\_\_, hereby authorize Kutztown University to charge

**Check and initial ONE option:** ☐ \$200.00 \_\_\_\_\_ (student's initials)

☐ \$500.00 \_\_\_\_\_ (student's initials)

☐ \$750.00 \_\_\_\_\_ (student's initials)

my student account for the purchase of my required books and required supplies from KU Student Bookstore to be paid for with financial aid I receive for the \_\_\_\_\_ term. If I decide to withdraw from Kutztown University within the first week of the semester, at the time of withdrawal I MUST also return my purchases to the KU Student Bookstore in the same condition as purchased in order to receive a credit for the charges. If my financial aid eligibility is reduced or canceled due to a change in my enrollment status or eligibility and does not cover the amount I have charged, I understand that I am responsible for paying the resulting balance and will be denied future services by Kutztown University until I have repaid this debt. I understand that outstanding University charges will be sent for collections to the Pennsylvania Attorney General's Office and/or other approved collection agencies. I understand that I may cancel or modify this authorization at any time prior to making a purchase on account from the bookstore, I must notify the Office of Student Accounts if I wish to do so.

***One Account Request per Semester – only available in the Fall and Spring semesters.***

My signature on this form assures that I agree with the conditions of this request and my consent is being given voluntarily. I have **completed Title IV Authorization** so that my anticipated aid can be used towards this charge.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

***(All purchases must be made at the KU Student Bookstore by )***

### **Office Use: University Authorization**

I have reviewed the financial aid file of the above referenced student and confirm that all necessary documents have been submitted and certified for disbursement. As of this date, the student is eligible to receive financial aid in excess of recorded institutional charges.

Financial Aid Officer \_\_\_\_\_ Date \_\_\_\_\_

Office of Student Accounts Officer \_\_\_\_\_ Date \_\_\_\_\_