

**AUTHORIZATION TO PAY CHARGES
FROM FINANCIAL AID SOURCES**

I hereby authorize Tidewater Community College to use my financial aid sources, including grants, student loans, or scholarships that I have been awarded, to pay the charges listed below. I recognize that these charges will be paid after tuition, fees, and bookstore charges. I affirm that my total financial aid awards are sufficient to cover these charges.

I further understand that these charges will be paid prior to my receiving the remaining balance of my financial aid. I agree that if my aid is reduced for any reason, and I no longer have sufficient aid to cover these authorized charges, I will assume responsibility and immediately remit payment to the College.

I understand that I have the right to refuse Tidewater Community College permission to apply my financial aid toward the charges listed below, and that I may cancel this authorization at any time prior to the charges being paid. If I choose to refuse or cancel this authorization, I will pay these charges personally.

Student Name: _____ Student ID: _____

Charges to be paid from financial aid sources for the _____, _____
Semester Year

Charge Type	Amount
HRT GoSemester Pass (Passes will be distributed in accordance with TCC Policy 4606.)	
Para-Transit Pass (Passes will be distributed in accordance with TCC Policy 4606.)	
Meal Plan (Available in increments of \$100, \$200, \$400, or \$600 and can be used at the Campus Cup, Campus Café, and beverage and snack vending machines on TCC campuses. One meal plan may be charged per day and total meal plan charges cannot exceed \$600 for the semester.)	
Parking—City of Norfolk Bank Street Parking Garage	
Total Charges	

Student Signature: _____ Date: _____

BUSINESS OFFICE USE ONLY		
Amount of financial aid available for charges:	Date:	Initials:
		P C N VB

CANCELLATION OF AUTHORIZATION BY STUDENT		
Amount of charges to be cancelled:	Date:	Initials:
Charge type(s) to be cancelled:		

Student Signature: _____ Date: _____