

**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<br>(One pass per term may be purchased; passes will be distributed in accordance with TCC Policy 4606)   |        |
| Para-Transit Pass<br>(Passes will be distributed in accordance with TCC Policy 4606)   |        |
| Meal Plan<br>(available in increments of \$100, \$200, \$400 or \$600 and can only be used at the <u>Campus Cup</u> , <u>Campus Café</u> and <u>vending</u> ). One meal plan may be charged per day and total meal plan charges cannot exceed \$600 for the term.) |        |
| Parking—City of Norfolk Bank Street Parking Garage   |        |
| <b>Total Charges</b>   |        |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| BUSINESS OFFICE USE ONLY                       |       |           |
|--|-------|-----------|
| Amount of financial aid available for charges: | Date: | Initials: |
|  |       |           |

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_