

The Art Institutes International

AUTHORIZATIONS FOR THE INSTITUTE – FORM A (STUDENT)

Student's Name: _____

Program: _____

Note: Your payment plan assumes that you will provide the school with authorization to hold Title IV funds to meet the costs of attendance and will use the funds to pay for all educational expenses.

PLEASE INITIAL WHERE APPLICABLE AND SIGN BELOW

_____ I authorize

OR

_____ I do not authorize

the use of Title IV funds to satisfy any additional institutional charges (beyond tuition, fees, and room and board contracted with the Institute) which I may incur. Typical examples of these additional institutional charges are dorm penalties/damages, security deposits, administrative drop fees, supply kits, books and supplies. I understand that if I do not authorize this use of Title IV aid for any additional institutional charges, I must meet with the financial aid officer to review my student financial plan.

_____ I authorize

OR

_____ I do not authorize

the Institute to retain any Title IV funds for tuition, fees and room and board contracted with the Institute (and other additional institutional charges, if authorized above) to be used for my future charges. If funds will be available in excess of my tuition, fees, and room and board contracted with the Institute (and other additional institutional charges, if authorized above) at the end of any award period or loan period, the Institute will deliver these excess funds to me. I understand that if I do not authorize this retention of Title IV funds, I must meet with the financial aid officer to review my student financial plan.

I understand that this authorization is at my option and I may rescind it or may ask for modification at any time (but not retroactively), by contacting the Student Financial Services or Student Accounting Department. This authorization will be in effect for the entire length of the program unless I advise the Institute that I wish to have it rescinded or modified.

Student's Signature _____ Date _____

Student's Social Security Number: _____ -- _____ -- _____