

**OFFICE OF STUDENT ACCOUNTS** 

o. (201) 684-7495 | f. (201) 684-7478 e. studentaccts@ramapo.edu | ramapo.edu/student-accounts

## **Revocation of Federal Title IV Authorization Form**

First Name

Last Name

**Student ID Number** 

**Email Address** 

□ I hereby *withdraw* my consent to pay certain charges, such as parking fees, book advances, fines, etc. on my student account with Federal Title IV funds.

- The student understands that the charges no longer paid by Title IV funds need to be paid by the posted deadline in-full or via an authorized payment arrangement.
- The student understands that unpaid charges may result in late payment fees of \$200 each and/or deregistration from their courses as per College policy.

Cancelation of the Title IV Authorization begins on the date this form is completed and submitted to the Office of Student Accounts by the student and will not be processed retroactively. This request will be void if the student chooses to file another Title IV Authorization form at a later date.

□ I hereby *authorize* consent to pay certain charges with Federal Title IV funds I previously rescinded

Student	Signature
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Date of Signature

Please mail, email or fax this request to the contact information listed above. The Office of Student Accounts will process and accept your request to revoke the electronic consent of use of Title IV Funds. The staff member responsible for the acceptance will return a signed copy of this form to you at your Ramapo email address and will indicate the date the revocation took effect.

Signature of Office of Student Accounts Representative



Date of Revocation