



A. Student Information

Student's Name: _____ FRC ID: _____

B. Instructions

Please complete, sign and return the authorization form to the Financial Aid Office. **Your Cal Grant B award will not be disbursed until this form is received and processed.** If you have any questions regarding this form, please send an email to financialaid@frc.edu.

C. Authorizations

- o I **authorize** Student Accounts to apply my Cal Grant B funds directly to my student account and pay any outstanding charges.
- o I **do not** authorize Student Accounts to apply my Cal Grant B funds to any outstanding charges. I hereby understand I am responsible for any outstanding balance on my student account and understand that if my account is not paid in full, holds will be placed on my records by the Admissions & Records Office and I may be reported to a collection agency.

Note: this authorization form is valid throughout the life of your Cal Grant award at Feather River College – unless you rescind it in writing.

D. Certification and Signature – The person signing this worksheet certifies that all of the information reported on it is complete and correct. The student whose information was reported on the FAFSA must sign and date. **Warning!** If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

This worksheet must be signed and dated to be valid. Electronic and/or digital signatures are not valid.

Student Signature: _____ Date _____

For Office Use Only

Authorized = 1

Does Not Authorize* = 2

***Note:** if student **does not** authorize make two copies of this form. One copy to the Cal Grant processor and one copy to Student Accounts.

Processed/Reviewed By: _____

Date: _____