

Financial Aid and Scholarships
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[Contact An Expert](#)

2022-23 Federal Title IV Authorization/Cancellation

By selecting authorization, I understand that Federal Title IV funds will be applied to all charges on my student account before a remainder refund is disbursed to me. By selecting cancellation, I request that Title IV funds only be applied toward institutional charges (tuition and fees, and room and board if I have an on campus contract), and I will receive any remaining Title IV funds as a separate refund. I acknowledge and understand the following effect of selecting the cancellation option:

- I am aware that my aid may not pay all charges on [MyBill](#) and am responsible for paying any balance due by the fee deadline, or I may be dropped from courses for non-payment.
- A cancellation **is not retroactive**. It takes effect on the date the request is received by UC Davis Financial Aid and Scholarships and will only affect future charges and disbursements.
- UC Davis is authorized to use Title IV funds to pay all charges incurred by me before this notice was submitted, including non-institutional charges.

Pursuant to regulations, students must confirm how Title IV Federal funds should be disbursed. You have two options:

- **Authorize:** I authorize all financial aid, including Title IV Federal funds, be applied toward the total balance due on my UC Davis Student Account. Any remaining funds will be disbursed to me at the beginning of each term.

OR

- **Decline:** I understand all Title IV Federal funds will only apply to Tuition and Fees, and Housing Charges. By selecting this option, I, the student, will become liable for all charges not covered by financial aid and must be paid by the fee deadline, or will be dropped from courses for non-payment.

Please check the applicable box:

Authorization

Cancellation of Authorization

You may cancel or modify your authorization at any time.

Student Name: _____ Student ID: _____

Student Signature: _____ Date: _____

For Office Use only:

Received by Financial Aid Officer

Print name: _____

Signature: _____ Date of Receipt: _____