

Student's name \_\_\_\_\_ Social Security # \_\_\_\_\_

Please read the following statements, check the appropriate boxes, and sign below. This form should be submitted to the College Board IDOC Service in one package with the IDOC coversheet, all 2012 tax returns and W-2 forms.

## **Limited Power of Attorney**

**Limited Power of Attorney:** I hereby appoint the Director of Student Financial Services my legal attorney for the sole purpose of endorsing checks made payable to me from a lender or scholarship donor. Representing proceeds of grants, scholarships and/or loans for my educational expenses at Dartmouth College, Student Financial Services will deposit the checks as a credit to my student account. I understand that this power will remain in effect as long as I am a student at the College, unless I rescind it by submitting a signed statement to the Financial Aid Office.

**Authorization:** ☐ **Yes** ☐ **No**

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## **2013-2014 Authorization Form**

*Academic period: July 1, 2013 to June 30, 2014*

**Institutional Charges:** I, the student, (and we, the parents, in the case of a Federal PLUS loan) authorize Dartmouth College to apply Federal Title IV financial aid funds to allowable institutional charges such as tuition, room, board and required fees and to other educationally related expenses which might be posted to my student account. Examples of other charges are computer software and equipment, health insurance and other medical expenses, late payment fees and bad check fines, books and fraternity/sorority/coed society house dues. I understand that this authorization can be rescinded at any time by submitting a signed statement to the Financial Aid Office.

**Title IV Credit Balance:** If I/we have a credit balance exceeding tuition, room and board created by Federal Title IV funds (not institutional or private funds), I authorize Dartmouth College to hold the funds in my student account until the subsequent billing period. Any interest earned on Title IV credits is used to defray the general operating expenses of the College. If I/we wish to receive the Title IV credit balance (student funds to the student and Federal PLUS loan funds to the parents), I/we will notify Student Financial Services in writing, and it will be provided within 14 days of receiving the request.

**Authorization:** ☐ **Yes** ☐ **No**

I/we declare that the information reported on this form is true, correct, and complete and that I/we will send timely word of any significant change in resources, family situation, number of children in post-secondary education, or receipt of outside scholarships. I/we understand that the information provided on this and other documents may be shared with the applicant, with other agencies from which we are requesting aid, and with scholarship donors.

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

Date: \_\_\_\_\_

Signature of (step) father/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of (step) mother/guardian: \_\_\_\_\_

Date: \_\_\_\_\_