

# **Financial Aid Authorization 2016-17**

Return this Completed Form to Student Financial Services

Student's Full Name:	Student ID:
Date of Birth:/	Twitter/Instagram Handle:
ermanent Address:	City:
tate:Zip:	
rogram of Study: Traditional Undergra	duate   Accelerated Degree Program   Graduate
I <b>decline</b> Federal Direct Student Lo	oans to the extent I am eligible for the 2016-17 academic ye bans for the 2016-17 academic year.
	nount I am eligible for. I would like to only borrow: Unsubsidized Loan Amount \$
	•
Subsidized Loan Amount \$  tudent Signature  understand that if I receive a Full-Scho ponsorships) I will be limited to direct	Unsubsidized Loan Amount \$

## **Communication Policy**

Initial communications with new students will be my mail until the first day of class. Student Financial Services will send any official communications (i.e. Award Letter notifications/changes, requests for missing documents) via Bloomfield College Student Email exclusively.

## **Title IV Authorization**

I authorize Bloomfield College to deduct any outstanding charges including, but not limited to, Library Fines, Parking Fees/Fines, Emergency Loans, and any miscellaneous fees from my financial aid proceeds.

For Office Use ONLY					0
Tracked	VStat	Grants/Loans Adj	Loan Docs	3 Sigs	

#### Statement on Overpayment & Defaults

I understand that I may not receive any Federal Title IV Student Aid (Federal Direct Student Loans, grants, etc), or State funds if I owe an overpayment on any Federal Title IV grants.

I understand that I may not receive any Federal Title IV Student Aid (Federal Direct Student Loans, grants, etc), or State funds if I am in default on a Federal Title IV loan. With proof of rehabilitation I may regain my eligibility for Federal Title IV aid.

### **Certifications/Acknowledgements**

I understand that my Financial Aid Awards may have different renewal criteria, and I have reviewed them from the current course catalog.

I understand that registration at Bloomfield College involves a financial obligation and promise to pay Bloomfield College all amounts owed on my student account. I understand that if I receive financial grants or monies that do not cover the full tuition costs, or if I withdraw from or drop classes, I am responsible for the remaining balance due. I consent to Bloomfield College the use of the following: written, electronic or verbal means to contact me as the law allows, including, but not limited to, contact by manual calling methods, prerecorded messages, emails and/or automated telephone dialing systems. I understand if I fail to pay my account, my account may be placed with a collection agency and I will be responsible for any additional collection or attorney fees.

Student Signature	Date Signed

### Helpful Links

**MyBloomfield Portal:** You can access your Award Letter, Missing Information Requests, and Billing Statements.

**Direct Loan Links:** Direct Student Loan MPN, Entrance Counseling, and Parent PLUS Loan MPN <a href="https://www.studentloans.gov">www.studentloans.gov</a>

Please return by fax or email 973-748-9735 fax Financial Services@Bloomfield.edu