



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

I **AUTHORIZE** Student Accounts to apply my Cal Grant B Access funds directly to my student account and pay any outstanding charges.

I **DO NOT** authorize Student Accounts to apply my Cal Grant B Access funds to any outstanding charges. **I hereby understand I am responsible for any outstanding balance on my student account AND acknowledge my understanding that if my account is not paid in full holds will be placed on my account, I will be unable to obtain unofficial/official transcripts, and possible reporting to a collection agency.**

This authorization is valid throughout the life of your Cal Grant award at Feather River College, unless you rescind it in writing.

Printed Name

FRC ID #

Signature

Date

**PLEASE NOTE: THIS WORKSHEET MUST BE SIGNED AND DATED TO BE VALID.
ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID**

***** OFFICIAL USE ONLY *****

Accepted = 1

Not Accepted = 2 (If student **does not** authorize) Make "Copy" and give to Cal-Grant Processor and CC to Student Accounts.

Processed By: _____ Date: _____