2019-2020 Financial Aid Authorization

The Arkansas Colleges of Health Education (ACHE) automatically applies any Title IV, HEA, state and institutional funds toward current charges for tuition and fees.

Federal regulations require an institution to obtain a written authorization from a student to use Title IV, HEA, state and institutional funds to pay for allowable educational related charges other than tuition and fees. Allowable educational related charges include any educational related expenses (including, but not limited to required medical equipment and uniforms).

Federal regulations also require students provide voluntary consent to participate in electronic transactions for all financial information provided or made available to student loan borrowers, and for all notices and authorization to FSA recipients required under 34CFR668.165.

Complete this form and upload to the Document Center in your Student Portal. Please contact the Office of Financial Aid if you have any questions via e-mail at financialaid@acheedu.org.

Name: ___________________________________________ Student ID: __________________

(Print your Name) (Available in Student Portal)

Check the box of each authorization:

☐ I authorize ACHE to apply Title IV, HEA, state and institutional funds to any educational related expenses (including, but not limited to required medical equipment and uniforms) charged to my student account each semester.

☐ I authorize ACHE to apply Title IV, HEA, state and institutional funds to pay for prior-year charges not to exceed $200.00, if I owe a balance on my student account from a prior-year.

☐ I authorize the Office of Financial Aid to communicate financial aid notification/communications electronically. I understand it is my responsibility to check these forms of communication often.

CERTIFICATION STATEMENT

By signing this document, I understand this authorization is valid for this current award year at the Arkansas Colleges of Health Education (ACHE). I also understand I can rescind this authorization in writing at any time by submitting a signed request indicating what I am rescinding to the Office of Financial Aid, PO Box 10366, Fort Smith, AR 72917-0366.

Student Signature: _____________________________ Date: _______________

(Electronic/Typed Signature not accepted)