

Multi-Year Authorization Form for Crediting your UCSD University Student Account

Note: Your financial aid will not be disbursed until you complete, sign and return the following authorization to the Health Sciences Financial Aid Office.

STUDENT INFORMATION

Name: _____ **UCSD Student ID# (if known):** _____

Discipline: Medical Pharmacy Physician Assistant **Expected Year of Graduation:** _____

MULTI-YEAR AUTHORIZATION: CREDITING YOUR UCSD UNIVERSITY STUDENT ACCOUNT

I authorize my financial aid for this award year and subsequent award years to be credited to my university account to cover all university charges that I have incurred at my own discretion, excluding any voluntary fee pledges. I understand that any financial aid credit remaining on my UCSD account will be disbursed by Student Financial Solutions (SFS) in accordance with UCSD's disbursement procedures. I understand that I will use any funds received including those from the Federal Direct Loan Programs, Institutional Loan Programs, or Federal Work-Study solely for expenses related to attendance or continued attendance at this campus of the University of California. If I choose not to have my account credited, then I will follow the directions presented in UCSD's SFS disbursement procedures. Choosing not to have my UCSD account credited may delay the disbursement of my aid. If I wish to cancel this authorization I must do this in writing.

Student Signature: _____

Date: _____