Borrower Authorization Statement

Please Return To:
Office of Financial Assistance
Villanova University • 800 Lancaster Avenue • Villanova PA 10985-1685
Phone: (610) 519-4010    Fax: (610)519-7599
Email: finaid.award@villanova.edu    Website: www.finaid.villanova.edu

The U.S. Department of Education requires that a university obtain authorization from a student to use Federal Title IV funds (including the Federal Direct Parent PLUS Loan) to pay for allowable educationally related charges other than tuition, fees, room and board. Some examples of other allowable charges include health insurance, parking fines, and late fees. In accordance with these guidelines, complete the Borrower Authorization Statement (BAS) below. Indicate if you accept or decline the use of Federal Title IV funds to pay for allowable educationally related charges other than tuition, fees, room and board. If you qualify for a refund from your Federal Direct Parent PLUS Loan after the semester begins, the Bursar’s Office will require that the BAS is completed before they can issue the refund.

Read and complete the following authorization:

____ I authorize Villanova University to deduct allowable educationally related charges to be paid from Federal Title IV funds received on my behalf. Unless cancelled or modified as provided below, this authorization shall apply throughout the duration of my enrollment at Villanova University.

____ I do not authorize Villanova University to deduct allowable educationally related charges to be paid from Federal Title IV funds received on my behalf. Unless cancelled or modified as provided below, this authorization shall apply throughout the duration of my enrollment at Villanova University.

I understand that I may cancel or modify this authorization at any time by submitting notice in writing to Villanova University’s Office of Financial Assistance (OFA) in which case such cancellation or modification shall be effective when received by the OFA, and shall not be retroactive.

Student’s Name (print):

________________________________________________________

Student’s Villanova University ID Number:

__________________________________

Student’s Signature:

___________________________________________

Date: ____________________________________________