

LONGWOOD UNIVERSITY
STUDENT ACCOUNTS OFFICE

STUDENT FEDERAL FINANCIAL AID RELEASE STATEMENT

_____ I request the Student Account's office apply any excess financial aid to **any** non-institutional charges on my student account (institutional charges include tuition, fees, room charges and meal plan charges.) I understand I can choose not to have my excess financial aid funds applied to these other charges. If I choose not to have financial aid applied to other charges, I understand my account may be blocked until such time I pay the other charges owed the University.

_____ I understand I can modify or rescind this agreement at any time.

NOTE: Longwood University will per Federal Regulation apply up to \$200.00 to any prior term charges.

Student Signature: _____

Date: _____

Student Name: _____

Student ID Number _____

Local Phone Number _____

Email Address _____

Mail/Fax/Deliver this form to:

Office of Cashiering & Student Accounts, Longwood University, 201A Lancaster Building, Farmville, Va. 23909.

Fax: 434-395-2635