FINANCIAL
AID OFFICE

1537 University blvd.
Morrilton, AR 72110

(501) 977-2055
financialaid@
uaccm.edu

www.uaccm.edu

REPAYMENT REQUEST FOR PRIOR-YEAR CHARGES

Student Name: _____ **Student ID No.:** _____
(Last Name) (First Name)

Prior-Year Balance: $ _____ **Term(s) for Prior-Year Charges:** _____

Current-Year Award Term: _____

In general, Federal Student Aid funds may only be used to pay for the student's costs for the period for which the funds are provided (UACCM's award year is fall through summer). However, a school may use current-year funds to satisfy prior award year charges of not more than $200 for tuition and fees provided by the school without obtaining the student's or parent's authorization; and educationally-related goods and services provided by the school if it obtains the student's or parent's authorization under §668.165(b). UACCM's policy is to obtain the student's signature (parent's signature only needed if using PLUS Loans to pay prior-year charges) for all other prior-year charges.

I, _____**, agree to have $** _____ **(not to exceed $200) withheld from my current-year award funds to pay in full or in part my prior-year charges. I understand any current-year awards must first be used to pay current-year charges before prior-year charges are applied to my award.**

Signature: _____ **Date:** _____
(Student)

Signature: _____ **Date:** _____
(Parent if required)