

Signature of Student (required)

2024-2025 Student Authorization for Use of Title IV Financial Aid

	Submit securely online: ksu.edu/sfa/upload	Deliver in person: 119 Anderson Hall 919 Mid-Campus Drive North Manhattan, Kansas 66506-0107
Student's Name (Last, First, MI)		Wildcat Identification Number
Student's K-State Email Address		Student's Phone Number
your authorization to do so. For ex or Perkins) or any federal grant (Pe can be applied toward your non-m Non-mandatory charges are assess	ample, if you will be receiving any fe Il, SEOG, TEACH, Iraq and Afghanista andatory charges without your auth ed by Kansas State University and in	clude such items as the purchase of athletic tickets, parking
In view of the above, I provide my non-mandatory charges on my Un contacting either the Kansas State	authorization to Kansas State Universiversity account. Furthermore, I unde University Office of Student Financia t my authorization or future rescissio	esidence hall phone, Internet, and cable), etc. sity to apply any remaining federal financial aid to unpaid erstand that I may rescind this authorization at any time by all Assistance or the Office of Cashiers and Student on of this authorization will go into effect after submitting
Certification Statement By signing this form, I certify that a	ll of the information reported is com	plete and accurate.

Date