



Office of
Student Financial Services
Levermore Hall Room 1
tel. (516) 877-3080
fax (516) 877-3380

AUTHORIZATION TO RETAIN FUNDS

Date

Name

Social Security Number

I hereby authorize Adelphi University to retain any credit balance that may be created on my student account due to the posting of Federal Title IV funds (PELL, SEOG, Perkins Loan, Subsidized or Unsubsidized Stafford Loans).

I understand that the credit balance will be retained by the University and may be applied to any outstanding balance in any semester within an academic year.

I further understand that this authorization will remain in effect until rescinded by me in writing to the Office of Student Financial Services.

Student's signature