

UNIVERSITY OF THE
PACIFIC
Arthur A. Dugoni
School of Dentistry

2009-2010 Student Account Authorization Form

Last Name _____ First Name _____ MI _____

Social Security Number _____ - _____ - _____

34cfr 668.164(d)

If you have prior year balances, you may give permission to pay your balance from current aid funding, providing you have enough aid to cover current charges. By signing this section, you agree to pay prior year balances.

I authorize University of the Pacific Arthur A Dugoni School of Dentistry to use Title IV funds to pay non-institutional charges (i.e. library fines, housing fees, lost keys). By signing this section, you agree to pay for non-institutional charges.

I authorize University of the Pacific Arthur A Dugoni School of Dentistry to hold a credit balance on my account to pay for future charges. By signing this section, you agree to keep a credit balance on your account to pay for future charges.

This form is valid during the entire Academic Year 2009-2010 unless/until rescinded in writing. Complete and submit this form to the Financial Aid Office. If you have questions regarding this form, see the Financial Aid Office.

Signature _____ **Date** _____

Return to the Financial Aid Office
2155 Webster Street Room 202
San Francisco, CA 94115
415-929-6452
Fax 415-749-3363