



**WINTHROP**  
UNIVERSITY

Student Financial Services  
[sfs@winthrop.edu](mailto:sfs@winthrop.edu)  
 Fax: (803) 323-2286

## TITLE IV AUTHORIZATION CHANGE FORM

I, \_\_\_\_\_ (printed name), Student ID# W \_\_\_\_\_  
 hereby request to change my TITLE IV AUTHORIZATION previously submitted to Student  
 Financial Services. Please make the following changes to my authorization to reflect my choices  
 below.

**Please select one:**

I authorize Winthrop University to apply any excess federal Title IV financial aid to all non-  
 institutional charges appearing on my student account.

I DO NOT authorize Winthrop University to apply any excess federal Title IV financial aid to  
 all non-institutional charges appearing on my student account.

**Please select one:**

I authorize Winthrop University to apply any excess federal Title IV financial aid to prior  
 year charges up to \$200.

I DO NOT authorize Winthrop University to apply any excess federal Title IV financial aid to  
 prior year charges up to \$200.

\_\_\_\_\_  
 (Student's Signature)

\_\_\_\_\_  
 (Date)

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For office use only:

TVAAUTH Updated by: \_\_\_\_\_ Date: \_\_\_\_\_