



OXY FINANCIAL AID FUNDS AUTHORIZATION

STUDENT'S NAME: _____

OXY ID: _____
(New Students Leave Blank)

*Occidental College ~ Office of Financial Aid ~ 1600 Campus Road ~ Los Angeles, CA 90041
323.259.2548 ~ 323.341.4961 (fax) ~ finaid@oxy.edu ~ www.oxy.edu/finaid*

I authorize Occidental College to apply any federal, state, institutional, or private loan, grant, or scholarship funds toward the payment of tuition, fees, and other charges billed by Occidental College. I make this request voluntarily in order to be assured that my tuition, fees, and other charges to Occidental College will be paid in a timely manner. I also understand that an accounting of these funds is available to me at any time. I further authorize Occidental College to hold excess funds on my behalf. Occidental College will maintain these funds in a subsidiary ledger account with sufficient cash in its bank account to cover these excess funds, and that interest, if any, earned by this account will be retained by Occidental College.

I further understand that I have the right to rescind or modify this request (in writing to Occidental College Student Business Services) and to receive the proceeds at any time without penalty.

Student Signature

Date