

Financial Aid Office

University of South Carolina Lancaster

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<http://usclanaster.sc.edu/admissions/Finaidhm.htm>

Authorization to Award Federal Student Aid

(result of Pell Grant Multiple Reporting Record or Transfer Monitoring Report)

According to the U.S. Department of Education and National Student Loan Data System, you have received Federal Student Aid (including the Federal Pell Grant) at more than one institution during the same awarding period (semester, quarter, etc...), which is not allowed under Federal Regulations.

Theses two institutions are:

The University of South Carolina Lancaster and

In order to resolve this issue, you must state which institution you authorize to award your Federal Student Aid (including the Pell Grant) for the given awarding period, and decline the aid at the other institution. Please complete the following document and return it to our office as soon as possible. Failure to do so will result in your Pell Grant, and potentially all Federal Student Aid, being cancelled. If this occurs you will be charged for whatever Federal Student Aid funds you have already received.

To be completed by student:

I, _____, (XXX-XX-____), do hereby
(Printed Name) (Last 4 digits of SSN)

authorize _____
(Institution you are authorizing to award your Federal Student Aid)

to be the awarding institution for my Federal Student Aid (including the Pell Grant) in the

award period starting ____/____/____ and ending ____/____/____.
(month/year) (month/year)

Recommended dates for each period: Fall term only: August to December / Spring term only: January to May / Summer terms only: May to August / For full academic year: August to August

I also hereby decline my Federal Student Aid (including Pell Grant) for the award period I indicated above at _____

Institution not authorized to award Federal Student Aid for the above awarding period.

and request that any funds already disbursed to me under these accounts be returned.

Student Signature

Date

Financial Aid Office Use Only

_____-_____-_____
Student SSN

Processed By _____
Printed Name

Date

Signature