



**Office of Financial Aid**  
1700 Spring Garden Street, BG3  
Philadelphia, PA 19130-3991

**Prior Year Authorization Form**

Dear Student (or Parent):

The Community College of Philadelphia appreciates having this opportunity to help you (or your child) with the financial aid application. One of our goals is to provide service that best meets the student’s need for convenience.

The College is required to obtain authorization from the student (or parent borrower) before applying Federal Student Aid funds to other costs and prior year charges. This will allow the College to remove any holds on your student account without waiting for a payment from you. Any remaining credit balance after tuition and bookstore charges have been applied, and prior year charges paid, will be issued to you (or parent) after class attendance has been processed. Please note that you can cancel this authorization at any time by writing to the Financial Aid Office or via e-mail to [financialaid@ccp.edu](mailto:financialaid@ccp.edu).

**Please complete this form, sign where indicated and return this form to the Office of Financial Aid.**

.....

**Yes. I Authorize the College to withhold prior year charges from my financial aid balance check.**

I will notify the Financial Aid Office, IN WRITING, if I decide to cancel or modify this authorization.

**Student’s Banner ID: J** \_\_\_\_\_

**Name of Student: (Please print)** \_\_\_\_\_

**Student’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_