

Student's Last Name

1600 Campus Road, F-35 Los Angeles, CA 90041

T 323-259-2548

E finaid@oxy.edu

Www.oxy.edu/financial-aid

Oxy ID or Last 4 Digits of SSN

2025-2026 STUDENT FINANCIAL AID FUNDS AUTHORIZATION FORM

M.I.

Student's First Name

Student's Signature	 Date
PLEASE NOTE THAT OUR OFFICE IS UNABLE TO ACCEPT SIGNATURE) AND UPLOAD YOUR COMPLETED FORM A EMAILED DIRECTLY TO OUR OFFICE AT FINAID@OXY.EDG	/IA IDOC. THIS PARTICULAR FORM MAY ALSO BE
I acknowledge that this authorization is effective for my entire period of enrollment at Occidental College unless I cancel or modify this authorization in writing with Occidental College Student Business Services staff. I may refuse to authorize any individual item on this statement but any cancellation or modification of this authorization will not be retroactive; it would take effect the date the written cancellation or modification is received by Occidental College Student Business Services staff.	
I make this request voluntarily in order to be assured meal plan (if applicable) and other charges will be pai detailed accounting of these funds is available to me Business Services.	d in a timely manner and understand that a
In the event that my financial aid exceeds my charges funds on my behalf. The amount of any excess funds College will maintain any such funds in a subsidiary le sufficient cash in its depository account to cover thes	is available to view online at any time. Occidental edger account designed for this purpose with
I hereby authorize Occidental College to use federal, sallowable educationally related charges (including prediction, fees, on-campus housing and a meal plan (if a charges, parking fines, music lessons, Occidental Studental bookstore charges. Federal and state aid following funds: Cal Grant, Federal Pell Grant, Federal (FSEOG), Federal Direct Subsidized Loans, Federal Dundergraduate Students (PLUS Loan). This authorize scholarship, grant and loan funds.	for year charges of \$200 or less) other than applicable). Examples of such charges are library dent Health Insurance Program costs, and covered by this authorization includes the I Supplemental Educational Opportunity Grant irect Unsubsidized Loan, Federal Parent Loan for