2027-2028 Annual Required Authorization Form

This form cannot be faxed or emailed.

This form can be uploaded to your Financial Aid Portal or Financial Aid Dropbox on our website.

Return this form to the address below.
Labette Community College
Attn: Financial Aid
200 South 14th
Parsons, KS 67357

Student's Name _____ Student ID _____

Other Names Used (Including Maiden) _____ Student's Date of Birth _____

Permanent Mailing Address _____ City/State/ Zip _____ Permanent Phone Number _____

High School Graduation Date _____ GED Completion Date _____ High School Name _____

Have you attended any other college/university? ☐ **Yes** ☐ **No**

If Yes, Please complete the table below. You must provide an official transcript for each institution. **(If LCC has already received your transcript you do not need to resubmit)**

College Name(s): _____

_____

26-27 Housing: ☐ **Off Campus** ☐ **With Parent** ***The Villas are considered off-campus***

Authorization to Apply Federal Financial Aid to Non-Institutional Charges and Ineligible Courses

I authorize Labette Community College to apply any excess Title IV (Pell, SEOG, Direct and PLUS Loans, etc.) funding to any non-institutional charge or ineligible courses on my student account. I understand that my decision is voluntary and this authorization will remain in effect until I submit a written request to cancel this authorization. **(By stating No you will not be able to charge books, meal plans, pay for ineligible courses, student housing, etc.) PLEASE NOTE: Only courses required for your declared LCC concentration/major will be considered in your enrollment status.**

_____Yes, I authorize _____No, I do not authorize

_____ _____
Student Signature (Hand-written or scribbled on) Date

Certification Statement

By signing below I certify that:

- If I withdraw from class or reduce my course load, I must notify the Financial Aid Office. I also understand that my aid may be REDUCED OR CANCELED and I may be responsible for repaying any federal funds which I received before withdrawing from courses.
- I understand that my aid will be disbursed based on my certified enrollment status and may be different from my award letter. Withdraws or hours enrolled in at the time the award letter was written will not be considered to determine final aid disbursement.
- I understand and will use any federal funds received under the Title IV financial aid programs or Federal Student Loans this award year solely for expenses related to your attendance at Labette Community College.
- I understand that to be eligible for and to receive Federal Student Aid, I must be in a degree -seeking program at Labette Community College and only coursework directly applicable to my declared major at LCC is eligible for Federal Student Aid.
- I have read and will comply with the information included in the LCC Student Rights and Responsibilities.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

The person signing below certifies that all of the information reported is complete and correct.

_____ _____
Print Student's Name Student's ID Number

_____ _____ _____
Student's Signature (Hand-written or scribbled on) Date

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