

# Faculty Student Association of



136 Clinton Point Drive, Plattsburgh, NY 12901 Telephone (518) 562-4372 Fax (518) 562-4276

## Student Request for Residence Hall Deferral

### Part I

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I hereby authorize release of information on my financial aid eligibility to the FSA of Clinton Community College.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### Part II

### Payment Authorization

I, \_\_\_\_\_, do hereby authorize Clinton Community College to apply the remaining balance of my Federal Title IV Funds after payment of institutional charges for allowable non-institutional charges assessed by the FSA of Clinton Community College for books, room, board and fees. I understand that this authorization shall be valid for this award year and all subsequent years. **I further understand that I may rescind this authorization at any time.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### Part III

**Must be filled out and signed by any parent applying for a PLUS Loan.**

I, \_\_\_\_\_, do hereby authorize Clinton Community College to apply the remaining balance of my Federal Parent Loan after payment of institutional charges to allowable non-institutional charges assessed to the above student by the FSA of Clinton Community College for books, room, board and fees. I understand that this authorization shall be valid for this award year and all subsequent years. **I further understand that I may rescind this authorization at any time.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Please return as soon as possible to the FSA:**

**FSA of Clinton Community College  
136 Clinton Point Drive  
Plattsburgh, NY 12901**