

**CHRISTA MCAULIFFE RESIDENTIAL COMMUNITY
OPTIONAL CONSENT TO RELEASE FINANCIAL AID FORM
PARENT PLUS LOANS**

_____ **FALL 2007** _____ **SPRING 2008**

I _____ (**print parent's last name, first name and social security number**) hereby authorize Bowie State University to pay rent in the amount of \$ _____ from aid to the Christa McAuliffe Residential Community (CMRC) Capstone Management LLC as agent for Maryland Economic Development Corporation (MEDCO) on my behalf for _____ (**print student's last name, first name and student ID number**) on this day _____ (**today's date**). I realize that this form/process is optional and not a requirement for Title IV financial aid recipients.

Bowie State University will pay the Christa McAuliffe Residential Community (Capstone Management LLC as agent for MEDCO) from my account's **credit balance. My account has a credit balance as a result of financial aid awarded from my William D. Ford PLUS Loan after direct expenses of tuition and fees have been paid.** Further, I understand that in order to consent to release these funds, I should **not** have an outstanding university account balance greater than my credit balance. I am responsible for payment, in the form of payment specified in the lease agreement, for any additional outstanding balance due to CMRC.

Return of Title IV Federal Student Aid per 34 CFR, Section 668.22 of Title IV of the Higher Education Act of 1965 – this requirement applies to you **ONLY** if 1) you received federal student aid and 2) you are withdrawing **prior** to completing 60 percent of the period for which the aid was provided. The new federal law requires aid recipients to “earn” most of the aid they receive by staying enrolled in college at least half time. **If you withdraw prior to completing 60 percent of the semester for which you received federal student aid you may be required to return the unearned portion of aid that was awarded to you by the federal government.**

CMRC Apartment Number

Cell Phone Number

Telephone Number

Permanent Street Address

Bowie State E-mail Address

City/State/Zip Code

Alternate E-mail Address

Bowie State University shall have no authority to incur any financial obligation or to make any expenditure on my behalf other than rents payable to the Christa McAuliffe Residential Community (Capstone Management LLC as agent for MEDCO) in the amount stated above. Any changes to the financial aid amount available due to changes in my enrollment status from full time to part time (less than 12 hours) or verification will result in a reduction in my aid.

Student Signature

Parent Signature

Note: The Account Summary must be attached to this form