



**Office of Financial Aid**  
1700 Spring Garden Street, BG-3  
Philadelphia, PA 19130-3991

**Bookstore and Other Non-Institutional Charges  
Authorization Form**

Dear Student/Parent:

The College is required to obtain authorization from the student (or parent borrower) before applying Federal Student Aid funds for bookstore and other non-institutional charges. Any remaining credit balance after tuition, bookstore and other institutional charges have been applied, will be issued to you (the student) after class attendance has been processed. Please note that you can cancel this authorization at any time by writing to the Office of Financial Aid 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.

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**I authorize the College to withhold bookstore and other non-institutional charges from my financial aid balance check.**

**Student's Banner ID: J** \_\_\_\_\_

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

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