

ELECTRONIC CONSENT and CONTRACT FORM for

ALAMANCE COMMUNITY COLLEGE

First _____ **Last** _____ **Student ID** _____
(Print First and Last Name)

I hereby give consent to receive and submit my financial aid information electronically (i.e. “Missing” forms, financial aid award letters, financial aid status information, student loan documents, student loan disbursement information, etcetera).

E-mail is the *Alamance Community College*’s mechanism for official communication with students, and ACC expects that students will read official e-mail in a timely fashion.

The Financial Aid and Cashier’s preferred method of communication for financial aid and billing information is electronic. Notification of a student’s financial aid award will be sent to a student’s ACC e-mail account when the information is available online. Financial aid information is available to students via *Self Service*, which is a secure web portal that requires a login ID and password in order to access. Financial Aid Award letters and invoices/statements can be printed from Self Service.

By typing your name below, you are consenting to the use of electronic records for processing and notifications and disclosures relating to your financial aid award, particularly and federal student aid funds.

By typing my full name below and checking “I accept”, I understand that I have given consent to receive and submit my financial aid information electronically.

Signature (sign full name) _____

☐ **I accept**

I understand that if I choose not to give electronic consent, I am responsible for staying updated on my financial aid status. I understand declining electronic consent may significantly increase the time it takes to process my financial aid.

I hereby authorize ACC to credit my financial aid award to my student account to pay for institutional charges, such as tuition and fees, graduation fees, and miscellaneous charges, such as textbooks, e-books, supplies, charges, as well as prior year charges up to \$200.00. For prior year charges, a “**funds**

release form” is required. If no funding is available or loss of eligibility is determined by ACC, I will be responsible for the charges incurred. I understand I have the option to revoke this authorization by submitting in writing to the Financial Aid Office such revocation prior to receiving any funds or charging for books. I certify that I have read, understand, and agree to the information printed.

I understand that I cannot receive federal financial assistance from two or more schools for the same time period. Failure to heed this information may cause me to repay a portion of aid received and/or lose my eligibility to future aid at ACC. I certify that the information given on this form is correct and complete. I certify that I have read.

Signature (sign full name) _____

☐ I accept

If you are the student, by signing below, you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangement to repay it, (3) do not owe money back on a federal student loan, and (5) will not receive a Federal Pell Grant for more than one school for the same period of time.

If you are a dependent or independent student, by signing this application you agree, if asked to provide information that will verify the accuracy of your completed form. This information may include your U.S. income tax transcripts or social security card. Also, you certify that you understand that the Secretary of Education has the authority to verify your U.S. income tax transcripts. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on your application with the Internal Revenue Service and other federal agencies. If you sign any document related to the federal student aid program electronically using a FSA ID, you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

By signing below you are authorizing *Alamance Community College* to make corrections to your original application based on the document you are not submitting.

Signature (sign full name) _____

☐ I accept

Please read and print your initials for the following sections.

1. I understand that it is my responsibility to check my email and keep updated on my status. _____
Use Self Service, My Documents, to see where you are in the awarding process.
2. I understand I need to keep my contact information current (address, phone, and email). _____
Check your address and contact information to make sure it is current on Self Service.
3. I understand that I must declare a major and need to keep both my major and academic goal current with the college. _____
*Check your major and academic goal on Self Service in **My profile** to make sure they are correct.*
4. I understand I will need to show a photo ID to obtain financial aid information. _____

IMPORTANT: You must read both the SAP Policy located on the financial aid website under “keeping your financial aid”.

5. I certify that I have read the SAP Policy and understand the SAP statuses, my responsibilities, and the consequences. _____

Alamance Community College is required to notify you of its billing and crediting procedures and to obtain your permission to pay certain charges. Please type your initials for each of the following sections.

6. You will receive an email notifying you that your award letter is ready to be viewed on *Self Service*.

7. Your file cannot be credited to your student account for bookstore charges any earlier than 10 days prior to any term, and you must have completed your file and be registered for classes. The actual amount of aid credited for books will be based on your eligibility and enrollment status at the time. _____
8. On the day your student account is credited, the financial aid will first be used to cover all current term tuition charges, fees, and fines. The financial aid may also be used to cover prior term charges. _____
9. Any remaining charges and fees not covered by financial aid awards are immediately due and payable to the college cashier. _____
10. If outstanding charges remain unpaid, a hold will be placed on your account that may affect your ability to register and/or obtain academic transcripts. _____
11. If a credit balance exists resulting from title IV aid, the credit balance will be released within 14 days after an actual disbursement to the student account. **Please note that an “actual disbursement” is different from an “anticipated disbursement.”** Actual disbursements occur six weeks after the first day of classes during fall and spring and four weeks during summer to allow for class attendance confirmation and book store reconciliation. _____
12. A breakdown of these charges may be requested from the Cashier’s Office. _____

13. Because the Financial Aid Office communicates to students exclusively through email, I recognize that it is my responsibility to keep my email address up to date in *Self Service* and to read all email communications from ***Alamance Community College***. _____
14. If you are requesting certification of a student loan, you **MUST** be enrolled in a minimum of six (6) credit hours. _____
15. I hereby give consent to receive and submit my financial aid information electronically. (i.e. Missing forms, financial aid award letters, financial aid status information, etc.) _____
16. This financial aid electronic contract and consent **MUST** be submitted and signed. _____

By signing this form, you acknowledge that you have read and understand all the content herein. By typing my full name below, I authorize *Alamance Community College* to apply any federal and state financial aid to my student account to be used to cover expenses incurred at *Alamance Community College* such as tuition, fees, and fines.

I certify that all the above information is true and correct.

You have the right to rescind your permission at any time, in writing, by contacting the Financial Aid Office. If you rescind your permission, financial aid will not be available until after the first six weeks of the term, and you will have to pay all outstanding funds due before your aid can be released.

Signature (sign full name) _____