Bluegrass Community & Technical College
121 Oswald Bld / 470 Cooper Dr.
Lexington, KY 40509
Phone: 855-246-2477

FINANCIAL AID RELEASE (FAR)

_____ _____
Student's name *PeopleSoft ID or SSN*

BOOKSTORE RELEASE

☐**Yes** ☐**No**

I hereby authorize Bluegrass Community & Technical College to deduct any and all indebtedness that I may have at the Barnes and Noble Bookstore from any type of financial assistance I might receive. In order to process the deductions, I consent to the release to the Bookstore of necessary information from my student financial assistance records.

I understand that I am personally responsible for payment of all my bookstore charges in the event that my grant/scholarship/loan is revoked or does not cover the entire balance of my charges. I accept full responsibility for the repayment of my charges. I acknowledge that KCTCS will pursue collection of all outstanding accounts pursuant to its Business Procedures. Further, I acknowledge if my account becomes delinquent KCTCS may refer it to outside agencies for collection with the referral being subject to additional fees and costs.

I also understand that my purchases are subject to the established refund policies and guidelines of the bookstore.

Further, I acknowledge and hereby grant the college the right to apply any financial aid I may receive toward the payment of this note, including but not limited to PELL, SEOG, external or institutional scholarships, and/or student loans.

TITLE IV RELEASE

☐**Yes** ☐**No**

I hereby authorize all funds, including Title IV funds, to be used for the purposes of payment of any non-required institutional charges (if assessed); included but not limited to fees, library fines, etc.

I hereby authorize up to $200 current year funds to apply to any minor prior balance.

FERPA RELEASE

I hereby authorize the Financial Aid Office to provide requested information to:

My Parent(s) ☐**Yes** _____ ☐**No**
Name

My Spouse ☐**Yes** _____ ☐**No**
Name

This FAR form is a voluntary authorization and you may refuse to authorize use of funds or rescind any or all provisions of the authorization at any time by contacting the financial aid office.

Certification Statement: *I certify that all of the information provided is true to the best of my knowledge. I have read and understand the information provided on this form. If I purposely give false or misleading information on any financial aid documents, I may be fined, sentenced to jail or both.*

_____ _____
Student's Signature *Date*

BCTC is an equal opportunity institution

Return this form the BCTC Financial Aid Office