

**LONGWOOD UNIVERSITY**  
**STUDENT ACCOUNTS OFFICE**

**STUDENT FEDERAL FINANCIAL AID RELEASE STATEMENT**

\_\_\_\_\_ I request the Student Account's office apply any excess financial aid to **any** non-institutional charges on my student account (institutional charges include tuition, fees, room charges and meal plan charges.) I understand I can choose not to have my excess financial aid funds applied to these other charges. If I choose not to have financial aid applied to other charges, I understand my account may be blocked until such time I pay the other charges owed the University.

\_\_\_\_\_ I understand I can modify or rescind this agreement at any time.

NOTE: Longwood University will per Federal Regulation apply up to \$200.00 to any prior term charges.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID Number \_\_\_\_\_

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

Email Address \_\_\_\_\_

Mail/Fax/Deliver this form to:

**Office of Cashiering & Student Accounts, Longwood University, 201A Eason Building, Farmville, Va. 23909.**

Fax: 434-395-2635