All University of Montana (UM) students who apply for federal financial aid (also known as "Title IV aid") must complete two Title IV Authorizations in Cyberbear. These authorizations will inform UM whether or not a student would like to apply any Title IV funds to non-institutional charges (such as student health insurance, library fines, etc.) as well as any prior term balance (under $200) that may be on the semester bill at the time federal aid disburses. Once these authorizations have been submitted in Cyberbear a student cannot update their answers in that portal, but instead must complete this form. Please complete the two sections below to update your authorization update(s) for the 2023-2024 year and sign the form in front of a notary.

Name: ___________________________  UM ID#: 790-

UM E-Mail: ___________________________  Phone#: ___________________________

**Authorization # 1:** I (the student listed above) authorize University of Montana to apply any federal (Title IV) funds I receive toward non-institutional charges including, but not limited to: bookstore vouchers, library fees, parking permits/fines, program specific fees, fees for lost or damaged equipment/property, testing fees, course withdrawal fees, health center service charges, etc.). I understand that if I do not authorize University of Montana to pay these charges with my financial aid funds, I will be responsible for paying all non-institutional charges owed to the University.

- **Decision (circle one):** Authorize / Decline

**Authorization # 2:** I (the student listed above) authorize University of Montana to pay Prior-Year non-institutional charges (up to $200) with Title IV financial aid funds (Direct Student Loans, PLUS Loans and Federal Grants). The authorization permits University of Montana to pay Prior-Year non-institutional charges with remaining Title IV funds after tuition and fees have been paid. Non-institutional charges include but are not limited to: bookstore vouchers, library fees, parking permits/fines, program specific fees, fees for lost or damaged equipment/property, testing fees, course withdrawal fees, health center service charges, etc.). I understand that if I do not authorize University of Montana to pay these charges with my financial aid funds, I will be responsible for paying all prior-year non-institutional charges owed to the University.

- **Decision (circle one):** Authorize / Decline

By signing below, I (the student listed above) certify that I fully understand the implications of this change in authorization, and that this decision will remain in effect for the all aid disbursed in the 2023-2024 year, including summer semester of 2024, unless I complete another form changing my authorization decision(s).

_________________________  ___________________________ Date: _____/_____/_____  
Student Signature

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**Notary’s Certificate of Acknowledgement**

State of __________________________  City/County of __________________________

On __________________________, before me, __________________________ (Notary’s Name)

personally appeared __________________________ (Printed name of signer) and provided to me on basis of satisfactory evidence of identification, __________________________ (Type of government-issued photo ID provided) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal (seal)

_________________________ (Notary Signature)

My commission expires on __________________________ (Date)