



# 2019-2020 Revised Financial Aid Authorization Form

Student Financial Services • 1 Ferncroft Road • Danvers, MA 01923-0840

978-762-4189

[www.northshore.edu/paying/financial-services](http://www.northshore.edu/paying/financial-services)

[sfs@northshore.edu](mailto:sfs@northshore.edu)

Required (please print)	AUTH1								
Student ID# <table border="1"><tr><td>N</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td></tr></table>	N	0	0						<i>This form is to be completed to update your current response to the question below that was completed through your MyNorthshore account. Please answer yes or no to the following question:</i>
N	0	0							
Last Name: _____									
First Name: _____									

**Do you give permission to NSCC to use your excess financial aid funds to cover any additional fees such as the student health insurance?**

- ☐ **YES,** I give permission to North Shore Community College to use my excess financial aid funds to purchase health insurance coverage and/or other institutional charges.
- ☐ **NO,** I will pay all additional fees.

By answering "No" to this question it does not waive the health insurance charge from your bill. To waive the health insurance you must follow the steps detailed on our website at [www.northshore.edu/paying/cost/health-insurance.html](http://www.northshore.edu/paying/cost/health-insurance.html)

## Certification and Signature

I certify that the information and documentation provided is true and accurate. I understand that by providing this verification, Student Financial Services may require additional information and documentation in order to complete my financial aid application. We cannot accept digital signatures.

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE