

## **Grayson College Financial Aid**

## Past Due Payment Authorization 2025-2026

Authorization to apply current aid to past due balance for the current year or prior year balance up to \$200.

\* = required field

Student Information						
Student Name*:		Email*:				
Student ID*		Phone Number*:				
Date of Birth (m/d/yyyy)*		Alternate Phone:				
Student Address						
Street Address*:						
City, State, and Zip Code*						
P	ast due balance request for	the current academic year				
	ent authorization is approved, I a	t Overpayment for the CURRENT academic year. If authorize Grayson College to deduct the balance from				
Amount:	From Term/Year	For Term/Year				
Please attach previous an	nd current semester billing stat	ements for review.				
	Past due balance request	for a past academic year				
	ent authorization is approved, I a	t Overpayment for the PREVIOUS academic year. If authorize Grayson College to deduct up to \$200 from				
From Term/Year	<u> </u>	For Term/Year				
I understand I am requir authorization to be proce		ee down to \$200 and provide a receipt in order forthis				

Signatures						
Student Printed Nar	ne*:					
Student Signature*	X			Date (mm/dd/yyyy)*		
	est and reach a	decision on my acc		id and the Director of the Business Office cision is made, I will be notified on my		
Please fill and sign co Grayson College Fin 6101 Grayson Drive	ancial Aid Of	fice.				
Email Forms to: fina Fax forms to: 903.46		rson.edu				
communication. GO	C faculty and their GC issu	staff will not reply t ed email account or	o student comm	email account for all electronic unication that is sent through an email in order to ensure the identity of the		
Office Use Only						
				Remaining Amt:		
SAP: Good AP W	Varn Susp.	Docs Complete: T	es 🗆 No	☐ Approved ☐ Denied		
Processed By:			_ Date:			

Notes: