DORM ROOM
POWER OF ATTORNEY FORM

Date:_____/_____/_____ Term: _____

I, _____, ID# XXX-XX-_____

hereby authorize the Bursar's Office to use my Financial Aid payment(s) to pay my outstanding dorm room debt.

I am aware that if any of my financial aid currently available to settle my debt does not pay the College, I will be held responsible for paying the remainder due and my student account will be placed on HOLD until my bill is paid in full.

Dorm Building (circle one): Brookdale 97th Street 92nd St. Y Room #: _____

Student's Signature: _____

Student's Email Address: _____@hunter.cuny.edu

Student's Telephone #: _____

Financial Aid Award	Pell	SEOG	Direct Loan(s)	Perkins Loan	Alternative Loan(s)	Third Party	Other	Total
Total Charges								
Summer								
Fall								
Spring								
Total Payments								
Amount Due								

Please include a copy of your photo ID with this form.