

I, _____ [print or type name] acknowledge that I am a recipient of the **HEERF II funds under the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)**. I further acknowledge that one of the permissible uses of the funds is to satisfy my outstanding account balance related to the cost of my attendance at South Carolina State University (SC State), provided that SC State University seeks and obtains my written/electronic, affirmative consent. I understand that SC State University cannot require such consent as a condition of awarding funds under the CRRSAA or determining my eligibility for such funds.

Additionally, I understand that I have the right to receive the funds without regard to my current financial obligation to the SC State University. I am further aware that; 1) I am still responsible for my outstanding financial obligation to SC State University, and 2) any outstanding balance will create a hold on my account until such outstanding balance is resolved.

Finally, I understand that I may only use financial aid grants awarded under the CRRSAA for components related to my cost of attendance at SC State University or for emergency costs that arise due to the coronavirus.

I authorize SC State University to utilize the CRRSAA funds towards my financial obligation to SC State University.

ID _____

Signature

Date

(Students submitting this form electronically must type their full name)