



AUTHORIZATION TO RETAIN HOPE BOOK ALLOWANCE

Please choose only **one** of the following options and sign below:

I authorize Georgia Gwinnett College to retain the HOPE Book Allowance to help reduce outstanding tuition/fee charges on my student account.

I DO NOT authorize Georgia Gwinnett College to retain the HOPE Book Allowance to cover outstanding tuition/fee charges on my student account. Please refund the full HOPE Book Allowance to me. I understand I am responsible for any remaining balance due on my account.

Student Name

Student ID

Student Signature

Date