

Authorization Form

Email: finaid@lewisu.edu



Student Name: _____

Student ID Number: _____

Email Address: _____

Phone Number: _____

FERPA AUTHORIZATION:

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. In accordance with this law, Financial Aid Services will not release or discuss any information regarding student account information, to anyone other than the student, without prior written consent.

If you choose to grant such authorization, please include the name and relationship of any person(s) you wish to have access to your account information.

I do not authorize others access to my information

I authorize the following person(s) access to my account information:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

FEDERAL FUNDS AUTHORIZATION:

For federal financial aid funds to be applied to institutional charges other than tuition and fees and room and board charges, such as: book vouchers, parking permits, library fines and/or other miscellaneous charges, authorization must be given. If no authorization is given, the student must obtain other means for paying charges, other than, tuition, fees and room and board, on his/her account. *(Please note— to obtain a book voucher using your account credit, you must select “Authorize”)*

Authorize **Do Not Authorize**

TITLE IV CREDIT BALANCE AUTHORIZATION:

A Title IV credit balance exists when your financial aid exceeds your total charges on your account. Any account credit balance will result in a refund, paid directly to the student within 14 days of the date the credit balance occurs. If you wish to have your Title IV credit balance remain on your account, authorization must be given.

I would like any Title IV credit balance to remain on my account and be applied to any future semester charges.

I am requesting a refund of any Title IV credit balance remaining after all semester charges have been applied to my account.

By signing this form I understand that the above responses will remain in effect for the duration of my attendance at Lewis University, and that any of my responses can be changed at anytime through written notification to Financial Aid Services.

Student Signature

Date