

Authorization Form

STUDENT NAME: _____ PUID: _____
First MI Last

DIRECTIONS: Complete Sections 1 and 2 and return this form to the Office of Financial Aid.
 Note: Authorizations are only collected once. Should you wish to rescind any Authorization, you may do so by completing another Authorization Form.

SECTION 1: AUTHORIZATIONS – Check ‘Yes’ or ‘No’ to the questions listed below

- | | | |
|--|-----|----|
| 1. Do you authorize the use of your financial aid to pay other educationally-related charges? (i.e. library fines, lab fines, parking tickets) | YES | NO |
| 2. Do you authorize the use of your financial aid to pay other prior-year educationally related charges up to a maximum of \$200.00? (Financial Aid funds will be used to pay the current term’s charges first before being applied to a prior year’s charges). | YES | NO |

SECTION 2: CERTIFICATION STATEMENT – Read, Sign and Date

By signing below, I acknowledge I have read and understand the following Rights and Responsibilities:

- *It is my responsibility to either pay or make payment arrangements to satisfy all of my Purdue University Northwest debts, which may exceed my financial aid, on or before the respective payment deadline date each semester/term as published in the Schedule of Classes bulletin.*
- *I understand that these Authorizations will cover the entire period that I am enrolled at Purdue University Northwest and that I can modify or rescind any one or both of these Authorizations at any time by contacting the Office of Financial Aid.*
- *I understand that my signature on this Authorization Form incurs the same liability as my endorsement on a bank check.*

→ _____
 Student Signature

 Date

Office Use only – RRAAREQ: ____ AUTHNI ____ AUTHPY
 (N): Authorization Needed
 (G): Authorization Granted (YES)
 (U): Authorization Not Granted (NO)