

Authorization Form

STUDENT NAME: _____ **PUID NO:** _____
Last Name First MI

DIRECTIONS: Complete Sections 1 and 2 and return this form to the Office of Financial Aid and Student Accounts located in Lawshe 130. 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 (Circle 'YES' or 'NO' to each question listed below.)

- 1. Do you authorize the use of your financial aid to pay 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 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 and Sign)

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 Calumet 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 Calumet and that I can modify or rescind any one or both of these Authorizations at any time by contacting the Office of Financial Aid and Student Accounts.*
- *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 (5 = yes; 7 = no) -1
____ AUTHPY (5 = yes; 7 = no) -2
(R: Forms/Financial Aid/2008-09/Authorization Form 2008 -09)12/08 dm