

Authorization Form



Student's Legal First Name _____

Middle Initial _____

Student's Last Name _____

Last 4 Digits of SSN: XXX-XX- _____ DOB: _____ / _____ / _____

Step 1 Title IV Financial Aid Release Approval

If you are eligible for Title IV financial aid (e.g. Pell Grant, Stafford Loans, PLUS Loan) in excess of current allowable charges (such as tuition, room and board, and fees) and you wish to have other charges (such as expenses like books, health insurance, non-institutional housing charges, fraternity dues/housing, telephone charges, late payment fees, library fees or parking violations, prior year charges not to exceed \$200, etc.), you must authorize Trine University to pay these charges. You may rescind this authorization form at any time until charges and financial aid have been officially applied to your student account. After such time you may only rescind for future payment periods. This authorization is valid for funds in excess of current allowable charges based on your financial aid eligibility and enrollment status. **Please check only ONE choice, and sign.**

☐	Yes , I authorize Trine University to use my Title IV aid to pay non-required charges in addition to tuition, room/board and required fees.
☐	No , I do not authorize Trine University to use my Title IV aid to pay charges other than tuition, room/board and required fees. By refusing authorization, I understand that all expenses are my responsibility to pay.

Student Signature: _____ **Date:** _____

Step 2 Authorization to Release Financial Information

The Family Education Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records include financial aid, scholarship and billing/ account information, and will not be released without written consent from the student. By signing this form the student authorizes the University personnel to release confidential information to a designated person(s).

I authorize the Trine University Financial Aid Office to release confidential account information for the purposes of understanding and meeting college related financial obligations with me (the student) as well as the person/organization(s) listed on this form.

Name(s) of people/organizations for which information may be released: (Please print)	
Name: _____	Relationship to Student: _____
Name: _____	Relationship to Student: _____
Name: _____	Relationship to Student: _____

This authorization will remain in effect until revoked, in writing, by the student.

- ☐ **Yes**, I understand the person/organization(s) listed on this form will have access via telephone, in person, or by mail to the information.
- ☐ **No**, I do not authorize Trine University to speak with anyone other than who is listed on my FAFSA.

Student Signature: _____ **Date:** _____

Return to: Trine University, Financial Aid Office, One University Avenue, Angola, IN, 46703 or Fax: 260-665-4511.