

**General Information**

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Name (First, Middle, Last)

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City / State / Zip Code

**Authorization**

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Student's Initials

Parent's Initials

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Should it be necessary, I authorize University of the Potomac to use my Data Release Number (DRN) to add the school's code to my Student Aid Report (SAR).

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I authorize University of the Potomac to use my Federal, State, and other student aid program funds to pay for allowable charges, including but not limited to program-related costs other than tuition and fees.

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I authorize University of the Potomac to disburse Federal, State, and other student aid program funds to the school via Electronic Funds Transfer (EFT).

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I authorize University of the Potomac to apply Federal Student Aid program funds up to \$200 for prior year charges.

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I understand changes to my enrollment status, leaves of absence, or other changes to my program may affect my financial aid.

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I understand that once tuition and fees have been paid, the student's account may have a credit balance. I authorize the school to retain the credit balance on the student's account to cover any additional educational expenses that may be incurred prior to the end of the academic year.

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I understand that I may rescind this authorization to maintain a credit balance at any time and the school will be required to disburse any excess funds to me on a timely basis.

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In the event the student withdraws, I authorize the school to refund credit balances in the order noted in the University of the Potomac catalog.

I understand that I may refuse, cancel, or modify any individual item on this Authorization at any time by contacting the Financial Aid Office. A cancellation or modification is not retroactive.

\_\_\_\_\_  
Student's Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature:

\_\_\_\_\_  
Date