



Authorization and Consent Form

NAME: _____ GRAD YEAR: _____

SOCIAL SECURITY NUMBER: _____

PROGRAM OF STUDY: _____ CAMPUS: Erie/Bradenton/Seton Hill
(Circle one)

PERMANENT ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE: () _____

E-MAIL ADDRESS: _____

I understand the cost of education is an estimate of the **student's education expenses** for the period of enrollment. The purpose of financial aid is to assist in meeting the student's education expenses. Financial aid may not meet my full financial responsibilities. Total loan amounts borrowed and scholarships awarded from all sources cannot exceed the cost of education.

I authorize LECOM to have all current charges for tuition and fees and other current charges incurred for educationally related activities credited with Federal Title IV student aid program.

I authorize LECOM to deliver the Financial Aid Award Letter and other financial aid notices electronically. I understand that if I am unable to access the LECOM Student Portal and/or access or receive notices electronically, I am to contact the Office of Financial Aid for further instructions and/or paper copies of the notices.

I understand that I have the right to rescind these authorizations in writing at any time.

(SIGNATURE OF STUDENT)

(DATE)