

Authorization and Consent Form

NAME: ______SSN: _____CLASS YEAR: _____

PROGRAM OF STUDY:	CAMPUS:	
PERMANENT ADDRESS:		
CITY, STATE, ZIP:	TELEPHONE: ()	
E-MAIL ADDRESS:		
period of enrollment. The purpose of financial	ate of the student's education expenses for the aid is to assist in meeting the student's educational financial responsibilities. Total loan amountainess cannot exceed the cost of education.	on
I authorize LECOM to have all current charge incurred for educationally related activities cred	es for tuition and fees and other current charge lited with Federal Title IV student aid program.	es
notices electronically. I understand that if I a and/or access or receive notices electronically, I Billing Office for further instructions and/or page	· ·	al
I understand that I have the right to rescind these (SIGNATURE OF STUDENT)	e authorizations in writing at any time. (DATE)	