Student Financial Aid Check Authorization

Subject: Authorization to Collect Financial Aid Refund

Dear Financial Aid Office,

I, [Student Name], Student ID: [ID number], authorize my [parent/guardian/designee] [Authorized Person's Name] to collect my financial aid refund check for the [semester/term] term.

Student Information:

- Full Name: [your name]
- Student ID: [ID number]
- Expected Refund Amount: [amount]
- Refund Date: [date]

Due to [reason - classes, work, distance], I cannot personally collect this refund. The authorized person will present valid identification along with a copy of this signed authorization.

This authorization applies only to the financial aid refund for the current term and expires on [date].

Please contact me at [email] or [phone] with any questions.

Thank you,

[Your Signature]

[Printed Name]

[Date]

Parent/Guardian Acknowledgment:

I acknowledge this authorization and will provide proper identification when collecting the refund.

[Authorized Person's Signature]

[Date]