

Financial Aid & Awards Office

## PROXY AUTHORIZATION FORM

SECTION 1 STUDENT'S IDENTIFICATION	
Surname:	Given Names:
Student no.:	Academic Period:
SECTION 2	
A new, completed, signed and dated proxy authorization form is required each academic year. The student has the right to revoke the proxy authorization at any time by notifying the Financial Aid & Awards Office. <b>Please initial the applicable authorizations:</b>	
Make inquiries into my Financial Aid & Awards file by phone, email or in-person:      Initials	
Consent to access to my educational records with regards to my Financial Aid eligibility  Initials	
I hereby authorize the person listed below to serve as my proxy for the transactions initialed above.	
Proxy First and Last Name	
Section 3 DECLARATION AND SIGNATURE	
SCELOITS PECENIATION AND SIGNATURE	
I certify that I,, am the individual signing this statement, and	
(Print student's full name)  I am providing a copy of my documents along with a copy of a valid government-issued photo identification card bearing my portrait (or likeness) and that of my proxy. I certify that the attached documents and government issued photo identification are the true, exact, and complete copies of the originals issued to me.	
I understand that providing false or misleading information or documents is punishable by fine or imprisonment and may make me liable for repayment of any funds received on the basis of the information and documents I have provided.	
In witness whereof I sign	on
Signature	dd-mm-yyyy
in	
Place	
Declared before me	on
Notary Public/Attorney-at-Law/Commissione	
Print First and last name	
inPlace	Number