

# Dickinson

I, \_\_\_\_\_, hereby authorize the financial aid office at Dickinson College to answer any financial aid-related questions posed by

\_\_\_\_\_.

This authority covers (check one):

The period of time during which I am enrolled at Dickinson College

The 2024-25 Academic Year

\_\_\_\_\_ (Please note a specific period of time)

This request can be changed at any time with my written authorization.

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Banner ID

\*Based on guidance from the Department of Education, signatures created using fonts are **not valid** to update federal aid information. Acceptable electronic signatures on this form include an image of a hand signature, or those created utilizing hand motions from a stylus or finger.