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 2027-2028 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.