



**OFFICE OF STUDENT FINANCIAL AID**

**STUDENT AUTHORIZATION**

**I authorize the Financial Aid Office of Ponce Health Sciences University (PHSU) as an agent of administration of federal funds:**

- To provide relevant information of my financial aid allocated as a student to any agency duly authorized to audit according to federal, state and institutional requirement.
- To obtain from the Registrar of the School any relevant information related to my registration and/or satisfactory academic progress.
- To complete the necessary procedures required by federal regulations and internal controls of the institution when the student is selected for the process of "verification".
- To share with PHSU Finance Division the information concerning my official assignment of Financial Aid, and so that they my accredited my funds to my student account.
- To inform the office of Financial Aid and/or Finance Division of any additional Financial Aid that has been approved from any Federal State, Local or Private entity (ex. Veterans, US Army, Vocational Rehabilitation)

**I understand that:**

- Providing false documentation/information in order to enjoy Financial Aid is a crime that can lead to imprisonment, \$20,000 fine, or both.
- My application for Institutional Financial Aid will not be valid until PHSU receives the approval of the Initial or Renewal FAFSA for the appropriate academic year. In addition, completion of any verification requirements.
- To be eligible for funds from the federal Title IV of the Department of Education financial aid programs (Direct Loan), I must be accepted or enrolled at least half-time at the School.
- I must maintain satisfactory academic progress according to the academic policies of the School that have been established under regulations prescribed by the Federal Government (Federal Register).

**I certify that:**

- I have been explained that as a condition of funding for student aid from the federal or state government, I must not distribute, possess or unlawfully use any controlled substances during the period for which I receive any aid.
- I have received orientation regarding the right to cancel my loans subject to the following time limits: up to fourteen (14) days after the accreditation of funds to my account.
- I will comply with the procedures and schedules established by the PHSU in regards to the management of financial aid program.
- I have been explain the eligibility requirements, disbursement and repayment of funds applicable to each financial aid program.
- I understand and agree that my Financial Aid will be accredited to my student account and I will receive any credit balance as a check or direct deposit as registered.

Name of student: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Ponce Health Sciences University do not discriminate by gender, race, religion, age, political affiliation, or disability for providing financial aid.