



Authorization and Consent Form

Student Name: _____ **Class Year:** _____

Program of Study: _____ **Campus:** _____

Permanent Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: () _____ **Email Address:** _____

- I **do not** intend to apply for financial aid at this time.
- I intend to apply for financial aid at this time and understand the following applies:
 - The cost of education is an estimate of the **student's education expenses** for the period of enrollment. The purpose of financial aid is to assist in meeting the student's education expenses. Financial aid may not meet my full financial responsibilities. Total loan amounts borrowed and scholarships awarded from all sources cannot exceed the cost of education.
 - I authorize LECOM to have all current charges for tuition and fees and other current charges incurred for educationally related activities credited with Federal Title IV student aid program
 - I authorize LECOM to deliver the Financial Aid Award Letter and other financial aid and billing notices electronically. I understand that if I am unable to access the LECOM Student Portal and/or access or receive notices electronically, I am to contact the Office of Financial Aid and/or Billing Office for further instructions and/or paper copies of the notices.
 - I understand that administrative, clerical or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my matriculation at LECOM.
 - I understand that I have the right to rescind these authorizations in writing at any time.

Signature of Student: _____

Date: _____