CLAREMONT LINCOLN UNIVERSITY

Student Financial Authorization and Information Form

Purpose:
This form collects necessary student information and authorization details to assist Student Financial Services in advising students accurately, whether they are using financial aid or other funding sources.

Section I: Required for All Students

- **Full Name:** _____
- **Date of Birth (MM/DD/YYYY):** _____
- **Social Security Number (9-digits):** _____
- **Phone Number:** _____
- **Email Address (School Email Preferred):** _____
- **Academic Program / Major:** _____

Section II: For Students Using Federal Financial Aid

Only complete this section if you plan to use federal financial aid (FAFSA, Pell Grant, Direct Loans, etc.)

Authorization to Access Federal Financial Aid Records

By signing below, I authorize the Financial Aid Office to access my federal financial aid data through the National Student Loan Data System (NSLDS) and Common Origination and Disbursement (COD) system. This includes, but is not limited to:

- Pell Grants
- Federal Direct Loans
- Loan Entrance/Exit Counseling
- Aggregate Loan and Grant History
- Enrollment History

☐ *I understand this information will be used solely for the purpose of advising me on my financial aid options, obligations, and eligibility.*

Social Security Number (Required for Federal Aid Access)

- **SSN (9 digits):** _____

Section III: For Students Using Cash Payment or Other Funding Sources

If you are paying via credit card, payment plan, third-party, or other non-federal sources, please indicate below:

- ☐ **I will be using personal funds or a payment plan.**
- ☐ **I am sponsored by a third-party payer (e.g., employer, VA, scholarship, etc.).**
- ☐ **Other (please specify):** _____

No access to federal financial aid systems will be authorized or required.

Section IV: Meeting Preferences (Optional)

- Meeting format:
  **Virtual
- Best Date/Times for appointment: Please check one.

  ☐ Wednesday 12-2:30pm(pst)/ 2-4:30pm(cst)/3-5:30(est)

  ☐ Friday 12-2:30pm(pst)/ 2-4:30pm(cst)/3-5:30(est)
- Topics I'd like to discuss (check all that apply):
  ☐ Loan repayment
  ☐ Pell Grant eligibility
  ☐ Lifetime limits (loan/Pell)
  ☐ Satisfactory Academic Progress (SAP)
  ☐ FAFSA verification
  ☐ Others: _____

CLAREMONT LINCOLN UNIVERSITY

Section V: Student Signature

I certify the information provided is accurate. I authorize the Student Financial Services Office to use this information to access my personal information for counseling purposes.

- **Signature:** _____
- **Date:** _____