



**PHEAA COLLEGE ENROLLMENT CHANGE
STUDENT AUTHORIZATION STATEMENT**

Student's Name

Social Security Number

Student's Date of Birth (MM/DD/YYYY)

Student's Permanent Address

City

State

Zip Code

2016-17 Award Year

- Fall & Spring Semester
- Fall Semester only
- Spring Semester only

Housing Status: (Check one)

- Residence Hall
- Off-Campus Living away from home
and not in dormitory housing.
- Commuter Living at home with parents.

Enrollment Status:

- Full-time
- At least half-time

By signing this statement, I authorize Cheyney University to request and receive any and all information contained in my 2016-17 Pennsylvania State Grant Record on file with the Pennsylvania Higher Education Assistance Agency (PHEAA). I understand that all information submitted to PHEAA may be released to Cheyney University for the purpose of evaluating my eligibility for financial assistance. I further authorize PHEAA to forward to Cheyney University all information on the Application and all information subsequently submitted to or acquired by the Agency.

Student's Signature

Date

**PLEASE SIGN AND RETURN THIS FORM TO THE FINANCIAL AID OFFICE AT THE
ADDRESS OR FAX NUMBER LISTED AT THE TOP OF THE PAGE.**