



Financial Aid Office
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www.holyfamily.edu/finaid

PHEAA COLLEGE ENROLLMENT CHANGE
STUDENT AUTHORIZATION STATEMENT

Student's Name

Social Security Number

Student's Home Address

Name of School

Holy Family University

OE College Code

003275

☐ Full-Year Enrollment Change

Housing Status

☐ Less Than Full Year Enrollment Change

By signing this statement, I authorize the institution referenced above to request and receive any and all information contained in my 2021-22 PHEAA State Grant Record on file with the Pennsylvania Higher Education Assistance Agency. I understand that all information submitted to PHEAA may be released to the institution listed above for the purpose of evaluating my eligibility for financial assistance. I further authorize PHEAA to forward to the herein-named postsecondary institution all information on the Application and all information subsequently submitted to or acquired by the Agency.

Date

Student's Signature

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

This document should be maintained in the student's file at the institution. If the institution has on file a signed copy of the Free Application for Federal Student Aid (FAFSA), a signed Student Aid Report (SAR), or the student's actual enrollment at this institution has been certified, this form does not need to be completed.