



PA STATE GRANT (PHEAA) COLLEGE ENROLLMENT CHANGE
STUDENT AUTHORIZATION STATEMENT

Student's Name

Holy Family ID 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 2026-27 PA 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 email address listed at the top of the page.