

## **AUTHORIZATION OF CHARGES**

I	and student's 9-digit ID#:	authorize
	ege to allow me to utilize my Financial Aid ge. This includes books and supplies, Conthe bookstore, etc.	
I understand that I may change	or cancel this authorization at any time.	
Signature:	Date	d

PLEASE RETURN THIS FORM TO THE FINANCIAL AID OFFICE MNB 024