



SAMUEL MERRITT
UNIVERSITY

STUDENT/PARENT AUTHORIZATION

I/we authorize Samuel Merritt University to use my Student Financial Aid (SFA) to cover charges other than tuition and fees. Other charges can be, but are not limited to, Health Insurance and Student Body Association.

I/we understand the following:

- ❖ Samuel Merritt University will retain a record of charges and credits to my student account and I/we may ask for an accounting at any time.
- ❖ I/we may rescind this authorization at any time upon written notification to the Business Office Manager.

I/we further understand that this authorization is valid until the student graduates, withdraws, or advises Samuel Merritt University in writing of a request to rescind this authorization. **I/we understand that if I/we rescind this authorization, I/we may owe for charges that these funds were intended to cover.**

Parent Signature not required for Graduate Students

Student Signature _____ Date ____/____/____

Student Name (Print) _____¹

Parent Signature _____ Date ____/____/____

Parent Name (Print) _____

¹F:/Private/Fas/Common Office Forms/Loan Forms & Letters/Student Authorization