

Name \_\_\_\_\_

ID \_\_\_\_\_

**Fall 2009 Clarification of Services Authorized by an Agency**

In accordance with the Federal Family Educational Rights and Privacy Act (FERPA) of 1974 (20 U. S. C. 1231g), the Financial Aid Office has been informed that you may be receiving services related to your educational expenses from an agency such as Vocational Rehabilitation, JobLink, etc.

**If an agency is paying some of your educational expenses, you must report this amount to our office.** Agencies should consider your grant and scholarship awards before they authorize services for you, so in most cases the resources you receive from the agency only affect your educational loan and work-study eligibility. ***Please return this form to our office as soon as possible so we can ensure your financial aid award package is accurate; however, we cannot make adjustments until after the add/drop period of each semester.***

**Instructions:** Please fill in the requested information below. Sign and date the form, then return it to our office.

- Write a zero or "N/A" if you have no amount to report on a particular line.
- DO NOT leave any line blank.

**Name of Agency:** \_\_\_\_\_

Educational Expense	Amount the agency has agreed to pay for Fall 2009 semester
Registration and Course Fees	\$
Books and Supplies	\$
Transportation (including parking)	\$
Other (please explain)	\$

If you are not receiving services related to your education from an agency, check this box and sign and date this form before returning it to our office.

- I am not receiving services related to my education from an agency.

<b>Statement of Certification: I certify that the above information is true and complete.</b>	
_____ <i>Student Signature</i>	_____ <i>Date</i>