



**Holy Family**  
UNIVERSITY

*Financial Aid Office  
9801 Frankford Ave.  
Philadelphia, PA 19114  
Phone: 267-341-3233  
Fax: 215-599-1694  
finaid@holyfamily.edu  
[www.holyfamily.edu/finaid](http://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

PHEAA College Code

010090

☐ 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 2013-14 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.