

Financial Aid

2025-2026 Additional Consent Form

Arkansas Tech's Title IV School Code: 001089

This form must be completed in **blue or black ink** and returned to the Arkansas Tech Financial Aid Office

• Brown Hall, Suite 206 • 105 West O Street • Russellville, AR 72801 • 479.968.0399 • 479.964.0857 (fax) • fa.help@atu.edu•

Note: All notifications of missing information, awards, and general information from the Financial Aid Office will be e-mailed to your One Tech account.

Please print or type			
Student ID Number	Date of Birth	E-mail Address:	
	Month Da	y Year	
Name	First	Middle	Maiden (if applicable)
Mailing Address		Your Phone Number	
Street			
City Sta	tte Zip Code	Note: You may change your address at	onetech.atu.edu.
****************Note: Failure	e to give the following permis.	sions will not affect your aid eligibili	ry. **********
Consent for disclosure of Finan parent or spouse to determine y		• •	n by you to allow your
Please check below to give/den	y your consent. This con	sent does not include federal ta	x information included
on the FAFSA.	. 6 1 1	e. e	. 1
I DO, DO NOT, give my		of information held by Finan	cial Aid or Student
Accounts to the person(s) liste	ed nere:		
In order to process your aid proper "Yes" or "No" for each statement. Revocation is not retroactive.			
YesNo Do you want y	our refund check HELD	for future terms?	
YesNo I give my pern not prevent me from paying cur refund to you excess Title IV for authorization to hold a credit ba	rent educational expense ands at the end of each find		lation, the University will
Yes No I give my pern educationally related charges I not given, you will have to pay	have in addition to tuition		-
***************Note: Failure to	o complete the above options	will be considered an answer of "NC). ''************
My signature below indicates that I ha	ave read and understood the i	nformation on this form.	
Signature		Date	