



2024-2025 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

Financial Aid

• 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 OneTech account.

Please print or type

Student ID Number _____ Date of Birth _____ E-mail Address: _____
Month Day Year

Name _____
Last First Middle Maiden (if applicable)

Mailing Address _____ Your Phone Number _____
Street

City _____ State _____ Zip Code _____
Note: You may change your address at onetech.atu.edu.

*****Note: Failure to give the following permissions will not affect your aid eligibility.*****

Consent for disclosure of Financial Aid and Student Account information may be given by you to allow your parent or spouse to determine your current financial situation.

Please check below to give/deny your consent.

I DO ☐, DO NOT ☐, give my consent for disclosure of information held by Financial Aid or Student Accounts to the person(s) listed here:

In order to process your aid properly we must know your preferences regarding the following statements. Please check "Yes" or "No" for each statement. These permissions can be revoked at any time by notifying our office in writing. Revocation is not retroactive.

___ Yes ___ No Do you want your refund check **HELD** for future terms?

___ Yes ___ No I give my permission to Tech to use my Federal aid to cover minor prior year charges if it will not prevent me from paying current educational expenses. As required by federal regulation, the University will refund to you excess Title IV funds at the end of each financial aid year whether you have provided an authorization to hold a credit balance or not.

___ Yes ___ No I give my permission to Tech to apply my Federal aid (including loan proceeds) to educationally related charges I have in addition to tuition, fees and room and board. Note: If this permission is not given, you will have to pay those additional charges with cash or cash equivalent.

*****Note: Failure to complete the above options will be considered an answer of "NO."*****

My signature below indicates that I have read and understood the information on this form.

Signature _____

Date _____