

PA STATE GRANT (PHEAA) COLLEGE ENROLLMENT CHANGE STUDENT AUTHORIZATION STATEMENT

Student's Name	Holy Family ID Number
Student's Home Address	Name of School Holy Family University
	OE College Code 003275
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 2025-26 PA 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 email address 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), or the student's actual enrollment at this institution has been certified, this form does not need to be completed.