



TEXAS A&M

HEALTH SCIENCE CENTER

AUTHORIZATION TO CREDIT ACCOUNT

Name: _____ SSN: _____ - _____ - _____ Date of Birth: _____

Local Address: _____
Street City State Zip

Telephone: (____) _____ Cell: (____) _____ Email: _____

STUDENT CERTIFICATION

I authorize the Texas A&M Health Science Center to apply all Title IV Federal student aid to my student account to cover tuition, fees, and other charges related to my enrollment at this institution. I understand and agree that this may include any unpaid balances from the prior year. I also authorize the Texas A&M Health Science Center to release any personal or financial information to any agency for the purpose of obtaining a scholarship or grant or assisting in the collection of student loan(s).

I understand that consent is voluntary and remains valid until the completion of my program at TAMHSC unless I submit a written notice to rescind or modify to the Texas A&M Health Science Center's Office of Student Financial Aid.

Student Signature: _____ Date: _____

After completion please submit this form to the TAMHSC Office of Student Financial Aid at:

Health Professions Education Building 1
8447 State Highway 47
Bryan, Texas 77807-3260
Fax 979.436.0099

OR

3302 Gaston Avenue
Dallas, Texas 75246
Fax 214.874-4565

Important: Failure to submit a signed and completed form may prevent aid from being disbursed.

No individual will, on the basis of race, color, sex, religion, national origin, age, or disability, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any system program or activity.

Office of Student Financial Aid

Health Professions Education Building/8447 State Highway 47/Bryan, TX /77807/Fax 979.436.0099
3302 Gaston Avenue/Dallas, TX/77807/Fax 214.874.4565/School Code 004948/www.tamhsc.edu