



Coleman University  
8888 Balboa Avenue  
San Diego, CA 92123

**OFFICE OF FINANCIAL AID**  
**Authorization Statement – Parent**

**Authorization Statement – Independent Student**

Note to Dependent Students: Please also have your parent complete the Authorization Statement –Parent

\*Indicated data is required

**Section I: Student Certifications and Authorizations**

- \* Student Name: (Please Print) \_\_\_\_\_  
 \* Student Social Security Number: \_\_\_\_\_  
 \* Parent Last Name: \_\_\_\_\_  
 \* Parent First Name: \_\_\_\_\_  
 \* Parent Social Security Number: \_\_\_\_\_  
 \* Parent Date of Birth (mm/dd/yyyy): \_\_\_\_\_

By Checking each box below, I agree to these three statements:

**Statement #1**

My Son/Daughter and I are responsible for applying for funding to pay for his/her tuition. If we do not apply for funding we understand that we must pay cash for any balance on his/her school account, and all future tuition.

**Statement #2:**

All financial aid funds will be applied toward current and future tuition for classes in which I have already registered, or will register, including payment of tuition cost, books, supplies and equipment fees. No interest is paid to the student on any funds held by the college. I also authorize the use of current year funds to be used to pay minor prior year outstanding balances. I understand that I can change or cancel this authorization at any time.

**Section II: Parent Signature**

By signing this statement, I certify that I understand and agree with the statements above. I understand that it is our responsibility to complete all paperwork necessary for future financial aid and that, as needed; the Financial Aid personnel will assist us with the paperwork

**Sign this Statement**

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By signing this statement, I (we) certify that all the information reported on it is complete and correct.

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Parent

Date