

RETURN COMPLETED STATEMENT TO:

Student Financial Aid Office
Gwynedd-Mercy College
P.O. Box 901
1325 Sumneytown Pike
Gwynedd Valley, PA 19437-0901

**PHEAA COLLEGE ENROLLMENT CHANGE
STUDENT AUTHORIZATION STATEMENT**

Student's Name

Social Security Number

Student's Home Address

Name of School

Gwynedd-Mercy College

PHEAA College Code

010216

 Full-Year Enrollment Change

Housing Status

 Less Than Full Year Enrollment Change

Dormitory Commuter Off-Campus

Please circle one above

By signing this statement, I authorize Gwynedd-Mercy College to request and receive any and all information contained in my 2008-09 PHEAA 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 Gwynedd-Mercy College 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.

CHECK ONE OF THE FOLLOWING AS APPROPRIATE:

 I definitely plan to attend Gwynedd-Mercy in _____ Fall 2008 _____ Spring 2009

 I MAY attend Gwynedd-Mercy in _____ Fall 2008 _____ Spring 2009. I will advise the Financial Aid Office of my decision as soon as it is determined.

Date

Student's Signature