



Authorization to Release Dependency Override Documents to PHEAA

I, _____, authorize Susan Haas to release any
(Print Name)
and all of my dependency override documents for academic year 20____/20____ to
PHEAA for consideration of my dependency status with regard to my PHEAA State
Grant.

Signature: _____ Date: ____/____/____

KU ID#: _____

PREVIEW ONLY
VOID