



**AUTHORIZATIONS FOR THE INSTITUTE – FORM A
(PARENT)**

Parent's Name: _____

Student's Name: _____

Student's Social Security Number: _____ -- _____ -- _____

Program: _____

Note: The student's payment plan assumes that you will provide the school with authorization to hold FPLUS loan funds to meet the cost of attendance and will use the funds to pay for all educational expenses.

PLEASE INITIAL WHERE APPLICABLE AND SIGN BELOW

_____ I authorize

OR

_____ I do not authorize

the use of FPLUS loan funds to satisfy any additional institutional charges (beyond tuition, fees, and room and board contracted with the Institute) that the student may incur. Typical examples of these additional institutional charges are dorm penalties/ damages, security deposits, administrative drop fees, supply kits, books and supplies. I understand that if I do not authorize this use of FPLUS loan funds for any additional institutional charges, the student must meet with the financial aid officer to review the student's financial plan.

_____ I authorize

OR

_____ I do not authorize

the Institute to retain any FPLUS loan funds for tuition, fees and room and board contracted with the Institute (and other additional institutional charges, if authorized above) to be used for the student's future charges. If funds will be available in excess of the student's tuition, fees, and room and board contracted with the Institute (and other additional institutional charges, if authorized above) at the end of any award period or loan period, the Institute will deliver these excess funds to me ____ or to the student ____ [*please check one*]. I understand that if I do not authorize this retention of FPLUS loan funds, the student must meet with the financial aid officer to review the student's financial plan.

I understand that this authorization is at my option and I may rescind it or may ask for modification at any time (but not retroactively), by contacting the Student Financial Services or Student Accounting Department. This authorization will be in effect for the entire length of the student's program unless I advise the Institute that I wish to have it rescinded or modified.

Parent's signature _____ Date _____

Parent's Social Security Number: _____ -- _____ -- _____

**The Art Institute of Philadelphia
1622 Chestnut Street, Philadelphia, PA 19103-5198
Phone: 800-275-2474 FAX: 215-405-6398**