



DELAWARE STATE UNIVERSITY

OFFICE OF FINANCIAL AID

Release of Funding Form

I, _____, give representatives of Delaware State University's Office of Student Accounts permission to apply monies from my Financial Aid and apply them to tuition, room & board and other required educational expenditures that I will incur as part of my participation in the Study Abroad program.

I also give Delaware State University's Office of Student Accounts permission to forward any additional funds, after tuition and educational expenses are paid, to the address of my cognizant authority which can be the individual listed below. I have given my cognizant authority permission to cash any refund check received from Delaware State University so that funds can be forwarded to me while I participate in the Study Abroad program.

(Student Signature)

(Student name printed)

(Date)

(Student DSU ID#)

Cognizant Authority information:

Cognizant Authority full name: _____

Cognizant Authority address: _____

Cognizant Authority home phone: _____

Cognizant Authority cellular: _____

Cognizant Authority SSI#: _____