

AUTHORIZATION FOR TRANSMITTAL OF FINANCIAL AID FUNDS

_____ -
Print Last Name, First Name Student ID No.

I have been accepted to participate in the following program :

- | | |
|--|---|
| <input type="checkbox"/> Co-op /Internship | <input type="checkbox"/> London Study |
| <input type="checkbox"/> Washington-Alexandria | <input type="checkbox"/> Cornell University Exchange |
| <input type="checkbox"/> California Maritime Academy | <input type="checkbox"/> National Student Exchange(NSE) |
| <input type="checkbox"/> Intrasystem Visitor | <input type="checkbox"/> Intrasystem Concurrent |
| <input type="checkbox"/> Other _____ | Specify accepted program |

FLASH:DIRECT DEPOSIT of funds is recommended for all of the above programs with the exception of NSE and Visitors which have program restraints. If using **DIRECT DEPOSIT** it is not necessary to complete this form.

Circle participating Quarters FALL WINTER SPRING SUMMER

This authorization is in effect **ONLY** for the quarters specified . It is your responsibility to inform Student Accounts of any adjustments to this information. Failure to do so may seriously delay receipt of your financial aid funds.

Send my checks to the following address. Indicate the complete address. **NOTE:** Participants in the *Intrasystem Visitor Program* and *National Student Exchange* must have financial aid funds sent to the HOST CAMPUS for distribution. ***These will be sent after we have received a verification of units from your HOST CAMPUS.*** It is your responsibility to have your host send verification to the Student Accounts Office. Supply the name, address and phone number of the disbursement agent at the HOST CAMPUS.

NAME of person receiving your funds

ADDRESS -Include College/ Company, Dept., Room # if applicable

City, State, Zip Code

Student Signature

Date

Phone No.

CAL POLY
California Polytechnic State University
San Luis Obispo, Ca. 93407
Student Accounts Office
(805)756-1428 FAX NO. (805)756-2774