



STUDENT NAME

ID NUMBER

Students may use this form to authorize Chapman University's Office of Undergraduate Financial Aid to communicate electronically about their financial aid or to change their previous authorization.

In order for Chapman to electronically communicate with you about your financial aid, we must obtain your consent.

Answering "YES" allows us to send you electronic notices about your financial aid offer, grant and scholarship information, and loan information. This also allows us to answer any emails you or your authorized parent(s) send about financial aid. You will also have access to the financial aid tab of your Student Center.

Answering "NO" means that we will not be able to provide you with an electronic copy of your financial aid offer or respond to email inquiries regarding your financial aid. Instead, all communication will be sent through the United States Postal Service or provided in person, which could cause significant delays in receiving your financial offer or communicating with us. We will be unable to allow you access to the financial aid tab in your Student Center. In addition to the Undergraduate Financial Aid Office, other offices on campus will not be permitted to provide financial aid information electronically including Student Business Services, Financial Services, the Dean of Students Office, the Registrar's Office, and the Office of Admission.

Do you consent to receive electronic communications about Financial Aid from the Office of Financial Aid?

- YES. I consent to receive electronic communication about financial aid.
NO. I do not consent to receive electronic communication about financial aid.

ACKNOWLEDGEMENT AND SIGNATURE

I UNDERSTAND THAT BY SIGNING BELOW, I AM ACKNOWLEDGING THE INFORMATION CONTAINED ON THIS FORM AS WELL AS THE IMPLICATIONS OF MY DECISION TO AUTHORIZE OR NOT AUTHORIZE ELECTRONIC COMMUNICATION. I UNDERSTAND THAT MY CONSENT COVERS MY TIME AT CHAPMAN UNIVERSITY AND THAT I MAY CHANGE MY AUTHORIZATION AT ANY TIME BY COMPLETING A NEW ELECTRONIC COMMUNICATION CONSENT FORM.

I FURTHER ACKNOWLEDGE THAT AN ACTUAL SIGNATURE IS REQUIRED, TYPING MY NAME BELOW IS NOT THE EQUIVALENT OF MY SIGNATURE.

STUDENT SIGNATURE, required

DATE

RETURN COMPLETED AND SIGNED FORM IN PERSON OR EMAIL TO FINAID@CHAPMAN.EDU