



FINANCIAL AID OFFICE
1900 West Olney Avenue
Philadelphia, PA 19141-1199
Phone: 215.951.1070 Fax: 215.951.5098
www.lasalle.edu finserv@lasalle.edu

2023-24 TITLE IV AUTHORIZATION

Student's name: _____ La Salle University ID#: _____

I authorize the La Salle University Financial Aid Office to apply Title IV Direct Loan funds to any charges incurred by me through La Salle University and the Regional Training Center (RTC).

I understand that this authorization will remain in effect for the entire period during which I am enrolled, and will remain on file in the Financial Aid Office. I may rescind this authorization at any time.

Student Signature: _____

Date: _____

**If you are not in agreement with this release, please contact the Financial Aid Office for other options.*

To send documents via a secure link: <https://sendsecure.xmedius.com/r/2ba96822f2104ad2b79dbba706c3d788>

