



**FINANCIAL AID OFFICE**

**AUTHORIZATION TO DISBURSE FUNDS**

**Student's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I am hereby, authorizing Florida National University to accept any student's loan or any other means of financial aid in my account to cover any balance I incurred until the day of my withdrawal.**

\_\_\_\_\_

**Student's Signature**