KCAI Financial Aid Release & Disclosure Form

**Demographic Information**

Name _____ ID#_____
(last) (first) (mi)

Primary Address _____ Phone # (_____) _____
_____

Local Address _____ Phone # (_____) _____
_____

**Authorization to Release**

I authorize the staff of the Kansas City Art Institute to disclose my personal information to the persons listed below. I understand this authorization allows KCAI to discuss my academic progress including grades, health status including mental and physical health, financial aid information, student account information and student life information with the person(s) listed below. (i.e. parents, grandparents, spouse, or other family members that may call on your behalf. Please list the **full name** of the person(s) below. If there is no one you would like your information released to please list "no one".)

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I understand this information will be retained in my permanent file and that my authorization is valid until I provide the Registrar's Office written notification of changes.

**Student Certification/Financial Aid Rights and Responsibilities**

- ✓ I will be enrolled as a full-time student (at least 12 credit hours per semester), unless otherwise specified.
- ✓ I understand I am required to obtain a cumulative grade point average of 2.0 by the end of my sophomore year to continue eligibility for **Federal Financial Assistance**. I understand that I must maintain **Satisfactory Academic Progress (SAP)** to be eligible for Federal financial assistance. To maintain SAP, I understand that I must complete a minimum of 75% of attempted credit hours each semester; otherwise, I will be placed on financial aid probation for the upcoming semester. If I do not complete 75% of attempted credit hours while on probation, my eligibility for federal, state, and institutional financial assistance will be terminated. I understand that I have the right to appeal in writing to the Financial Aid Director if financial assistance is terminated and that my appeal will be reviewed by the financial aid committee.
- ✓ I understand that **KCAI Competitive and Merit Scholarships are renewable based on academic performance**. Complete details are available in the Financial Aid Office.
- ✓ I understand that the assistance I have been offered is dependent upon receipt of funds from various donors and the Federal or State government. I understand the type of assistance or amount of assistance may be changed based upon availability of funds.
- ✓ I understand that once the Financial Aid Office receives the award letter and all supporting documentation, all funds will be electronically credited to my account at the beginning of the semester.
- ✓ I authorize KCAI to release financial aid records relating to my educational plans to other colleges and/or others considering me for financial assistance or making related decisions.
- ✓ I understand that in order to be considered for financial aid, I must complete a FAFSA each year before the published deadline.
- ✓ I agree to report to the Financial Aid Office and/or the Business Office for an exit interview before graduation or withdrawal from school to be counseled on any loans I may have incurred while enrolled.
- ✓ I certify that, as a condition of my Federal Pell grant, I will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period covered by my Federal Pell Grant.
- ✓ I certify that I do not owe a refund on any grant, am not in default on any loan, and have not borrowed in excess of the loan limits under the Title IV programs at any institution. I will use all Title IV money received ONLY for expenses related to my study at this institution.
- ✓ I will report any additional aid received (including other educational loans) to the Financial Aid Office. My award may be adjusted per Federal regulations.
- ✓ I certify that all information provided in support of my application for financial assistance at the Kansas City Art Institute is accurate to the best of my knowledge as of this date. I agree to provide Kansas City Art Institute prompt notification of significant changes in this information including any changes in my financial circumstances or address.
- ✓ I authorize Kansas City Art Institute to credit my tuition and fees account directly with my Perkins loan. I understand that I will be notified prior to disbursement of my loan. This authorization remains in effect as long as I attend Kansas City Art Institute. I have the right to cancel this authorization at any time by giving Kansas City Art Institute Business Office, Attention Student Accounts written notice of the cancellation.

Student's Signature _____ Date _____