



Office of Financial Aid and Scholarships
 218 Kerr Administration Building, Corvallis OR
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<http://oregonstate.edu/financialaid/>

Financial Aid Office
 One University Blvd
 La Grande, OR 97850
 541-962-3550 T
 541-962-3661 F
 fao@eou.edu



This form is used to designate EOU as the institution at which you will be dually enrolled for completion of required courses needed for a Bachelor's degree with a major in one of the Agriculture programs at OSU. This form will also be used as your authorization for institutions to exchange your financial and educational information.

Student Authorization to Share Information Between Institutions

Student Name _____

OSU Student ID# _____

EOU Student ID# _____

START (indicate term and year authorization begins):

Summer: _____ Fall: _____ Winter: _____ Spring: _____

END (indicate term and year authorization ends):

Summer: _____ Fall: _____ Winter: _____ Spring: _____

Note: In order to receive any financial aid from EOU, you must take at least 1 credit through EOU. You must be taking a minimum of 6 credits at EOU for the entire term to be eligible for any fee remissions or scholarships from EOU. Please initial here that you understand this requirement. _____

If you do not wish to have financial aid through EOU, please initial here: _____

If this changes, please contact our office and submit a new agreement.

Release of Information:

I understand and agree that OSU and institutions participating in the Oregon Financial Aid Exchange (OFAX) will share/release my information (financial and educational) between institutions consistent with federal and state laws. I understand and agree that OSU and the institutions that I will be enrolled in will exchange information with each other, the Office of Student Access and Completion (OSAC), and other institutions participating in the Oregon Financial Aid Exchange. I understand and agree that electronic data transmission will be handled through the Office of Student Access and Completion, as well as directly between institutions.

Student Signature _____

Date _____