



MEDICAL UNIVERSITY OF THE AMERICAS

OFFICE OF FINANCIAL AID FEDERAL STUDENT AID NOTIFICATION AUTHORIZATION

Student's Name: Michelle Menard Social Security Number: XXX/XX/2673

Permanent Mailing Address: 5372 Starboard Street Apt 302
Street Address

Orlando Florida 32814
City State Zip Code

I understand the Office of Financial Aid communicates with me via email and that until I am actively enrolled in the medical program at Medical University of the Americas (MUA) such communications will be sent to the email address provided on my Free Application for Federal Student Aid (FAFSA).

It is also my understanding that once I begin attending classes, the Office of Financial Aid will send the electronic communications to my MUA account and it is my responsibility to check that account regularly along with the email account last provided on my FAFSA.

By signing below, I authorize the Office of Financial Aid to contact me with these notifications via these email addresses. Once signed, this authorization is valid for the current as well as future academic period of my enrollment at MUA.

Student's Signature: Michelle Menard Date: 5 / 7 / 2018

*This authorization may be revoked, in whole or in part, with written notification.

Medical University of the Americas • Office of Financial Aid • c/o R3 Education, Inc.
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