

Authorization for Online Access to Grant and Loan Funds

INSTRUCTIONS: Complete and sign Section A to identify the Institution's Authorized Administrator. Complete and sign Section B to establish or remove users authorized to have online access to grant and loan funds. **Fax the completed Authorization to FAME at 207-213-2663.** FAME will email the user name and password to Authorized Users.

Name of Institution	Title IV Code:
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SECTION A – Authorized Administrator for the Institution

Administrator Name:		Title	
Mailing Address	City	State	Zip
Email Address	Telephone Number	Fax Number	

I hereby certify that the Authorized Administrator identified in Section A is authorized to have online access to grant and loan funds and to establish users to have online access to grant and loan funds. The Authorized Administrator has read and agrees to the terms of the Agreement for Online Access to Grant and Loan Funds.

X _____
 Signature of Financial Aid Director for the Institution Date _____

SECTION B – Authorized User(s) for the Institution

Complete this section to establish or remove users authorized to have access to verify students and request funds for the Institution. Check all appropriate boxes and provide the information requested:

<input type="checkbox"/> New User <input type="checkbox"/> Remove User		This user is authorized to: <input type="checkbox"/> View Only <input type="checkbox"/> Full Access	
Name		Title	
Email Address	Telephone Number	Fax Number	
<input type="checkbox"/> New User <input type="checkbox"/> Remove User		This user is authorized to: <input type="checkbox"/> View Only <input type="checkbox"/> Full Access	
Name		Title	
Email Address	Telephone Number	Fax Number	
<input type="checkbox"/> New User <input type="checkbox"/> Remove User		This user is authorized to: <input type="checkbox"/> View Only <input type="checkbox"/> Full Access	
Name		Title	
Email Address	Telephone Number	Fax Number	
<input type="checkbox"/> New User <input type="checkbox"/> Remove User		This user is authorized to: <input type="checkbox"/> View Only <input type="checkbox"/> Full Access	
Name		Title	
Email Address	Telephone Number	Fax Number	

The Authorized User(s) identified in Section B are authorized for online access.

X _____
 Authorized Administrator for the Institution Date _____