FINANCE AUTHORITY OF MAINE

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. **Submit the** completed Authorization to **FAME at FinancialAid@**FAME**maine.com or fax to** 207-213-2661. FAME will email the user name and password to Authorized Users.

Name of Institution	Title IV Code:

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:

❒ New User ❒ Remove User	*This user is authorized to:* ❒ View Only ❒ Full Access	
Name		Title
Email Address	Telephone Number	Fax Number

❒ New User ❒ Remove User	*This user is authorized to:* ❒ View Only ❒ Full Access	
Name		Title
Email Address	Telephone Number	Fax Number

❒ New User ❒ Remove User	*This user is authorized to:* ❒ View Only ❒ Full Access	
Name		Title
Email Address	Telephone Number	Fax Number

❒ New User ❒ Remove User	*This user is authorized to:* ❒ View Only ❒ 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