



## **Authorization to Release Dependency Override Documents to PHEAA**

I, \_\_\_\_\_, authorize Susan Haas to release any  
(Print Name)  
and all of my dependency override documents for academic year 20\_\_\_\_/20\_\_\_\_ to  
PHEAA for consideration of my dependency status with regard to my PHEAA State  
Grant.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

KU ID#: \_\_\_\_\_