

UC SAN DIEGO HEALTH SCIENCES FINANCIAL AID OFFICE  
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## **Multi-Year Authorization Form**

For Crediting Your UCSD University Student Account

Note: Your financial aid will not be disbursed until you complete, sign and return the following authorization to the Health Sciences Financial Aid Office.

Please Print

Student Name: \_\_\_\_\_

UCSD PID# (if known): \_\_\_\_\_

Medical Student       Pharmacy Student

Expected Year of Graduation: \_\_\_\_\_

I authorize my financial aid for this award year and subsequent award years to be credited to my university account to cover all university charges that I have incurred at my own discretion, excluding any voluntary fee pledges. I understand that any financial aid credit remaining on my UCSD account will be disbursed by Student Financial Solutions (SFS) in accordance with UCSD's disbursement procedures. If I choose not to have my account credited, then I will follow the directions presented in UCSD's SFS disbursement procedures. Choosing not to have my UCSD account credited may delay the disbursement of my aid. If I wish to cancel this authorization I must do this in writing.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Office Use: Enter date for SIGN PG in ProSAM doc tracking