Authorization for Release of Financial Aid Information
for Dental Kit

TO BE COMPLETED BY STUDENT:

I, _____, authorize the Office of Financial Aid at the LECOM School of Dental Medicine to provide financial aid information to Benco Dental Supply, Inc., for the purpose of receiving a 30 day payment extension from the date the dental kit is received from Benco.

I understand this authorization is effective for my all my years of study at LECOM. I have the right to rescind this authorization in writing at any time.

_____ _____
(SIGNATURE OF STUDENT) (DATE)