

2025-26 Authorization to Correct FAFSA Grade Level

Office of Student Financial Services - One University Ave - Bourbonnais, IL 60914 Phone: (815) 939-5245 Fax: (815) 939-5074 Email: studentfinance@olivet.edu

ONU ID # or SSN_	D	Date of Birth		Phone	
Student Name					
	Last	First		M.I.	
Student Address_	Street (include apartmen	t #)	City	State	ZIP Code
Questions 26, 27, 4 FAFSA at students necessary. If you a	025-26 FAFSA indicates a 64). Olivet Nazarene Universidad.gov/fafsa and review the not sure which answer is ervices at 815-939-5245.	ersity recommend heir answers to t	ds that the stude hese questions ar	nt log into their nd submit corr	2025-26 ections as
•	livet Nazarene University t te option below, sign the fo		•		•
	horize Olivet Nazarene Undect grade level and degree.	The degree I am or			y to reflect my
□ 26 se	l complete my undergraduate chool year. I authorize Oli 5-26 FAFSA to reflect this o	vet Nazarene Uni	versity to make th		
Please provide the i	required signature(s) below	. Incomplete form	ns will be rejectea	1.	
Student Signature	(Required)		Date		
, and the second	Required for Dependent S	Students)	Date		
(Typed signatures	will NOT be accepted.)				