

## 2024-25 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	Date	of Birth	_ Phone	
Student Name				
	Last First		M.I.	
Student Address_	Street (include apartment #)	City	State	ZIP Code
Questions 26, 27, 4 FAFSA at studen necessary. If you	2024-25 FAFSA indicates a disc 44). <b>Olivet Nazarene Universi</b> <b>taid.gov/fafsa and review thei</b> are not sure which answer is co Services at 815-939-5245.	ty recommends that the r answers to these quest	student log into their ions and submit corr	r 2024-25 ections as
	Olivet Nazarene University to mate option below, sign the form			
	thorize Olivet Nazarene Universect grade level and degree. The last Bachelor's Degree 2nd Bachelor's Degree Doctoral Degree	e degree I am currently poee		y to reflect my
$\square$ 202	ill complete my undergraduate 4-25 school year. I authorize O 2024-25 FAFSA to reflect this	livet Nazarene University		
Please provide the	required signature(s) below. In	ncomplete forms will be 1	rejected.	
Student Signatur	e (Required)	Date		
Parent Signature	(Required for Dependent Stud	dents) Date		
(Typed signature	s will NOT be accepted.)			