

## Authorization to Request College Opportunity Fund (COF) Stipends

Please check the appropriate box and sign below to either release or rescind authorization for Regis University to request COF stipends on your behalf from College Assist and apply them to your student account at Regis University.

Name: \_\_\_\_\_  
Last First M.I.

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Regis ID: \_\_\_\_\_ OR Last 4 Digits of Social Security #: \_\_\_\_\_

This agreement is effective for the entire time I attend Regis University as an eligible COF undergraduate student or until such time as I choose to rescind (cancel) my authorization by submitting a new form.

**Check only one box:**

By signing below, I authorize Regis University to apply my COF stipends to my Regis University student account.

By signing below, I rescind (cancel) my authorization for Regis University to request a COF stipend on my behalf.

I have read and understand the information available at [www.regis.edu/financialaid](http://www.regis.edu/financialaid) and <https://cof.college-assist.org/> regarding the COF Stipend. I have applied for the COF stipend at <https://cof.college-assist.org/>. I understand that this authorization applies to all eligible courses I take during my undergraduate program at Regis University.

I also understand that I will no longer be eligible for the COF stipend if:

- 1) My financial situation changes and I no longer qualify for the federal Pell Grant program based on need.
- 2) I cease to be a Colorado resident.
- 3) I exceed the maximum COF credit hours allowable.
- 4) I receive a tuition waiver.
- 5) I am no longer enrolled at Regis University.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_