

**2021-2022 Request to Add a Student Account Proxy**

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

SMC ID # \_\_\_\_\_

This document is used to notify Saint Michael's College of your request to include a 3<sup>rd</sup> party individual (parent, relative, benefactor, etc.) to have access to viewing financial aid awards, student account information, and submitting payments through the E-Commerce financial aid self-service portal.

**Instructions:**

Review and enter the information required below for the individual(s) you wish to have access as a financial aid proxy to the financial aid self-service portal. Once the form has been completed in full and returned to the Office of Student Financial Services, you will be notified via email when you can formally authorize them through the E-Commerce portal.

**Proxy Information:**

First Name: _____	Middle Initial: _____	Last Name: _____	Date of Birth: ____/____/____
Email: _____		Relation to Student: _____	
Address: _____		City: _____	State: _____ Zip Code: _____
Phone Number: _____			

First Name: _____	Middle Initial: _____	Last Name: _____	Date of Birth: ____/____/____
Email: _____		Relation to Student: _____	
Address: _____		City: _____	State: _____ Zip Code: _____
Phone Number: _____			

**Certification:**

I understand that submission of this form does not automatically update the authorized proxies and once I am notified that the individual(s) listed above have been processed, I must access the E-Commerce financial aid self-service portal to add them. Furthermore, although I am authorizing the above referenced individuals, I am responsible for my tuition and charges.

Please print and sign the form before submitting to our office. We cannot accept digital signatures.

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