

College of the Holy Cross
FAFSA Data-Sharing
Student Consent Form
2024-2025

In order to maintain compliance with the Higher Education Act (HEA) of 1965, as amended for the FUTURE Act and FAFSA Simplification Act [483, 494] and the Internal Revenue Code (IRC) of 1986, as amended [6103(I)(13)], we seek your permission to share specific data from your Free Application for Federal Student Aid (FAFSA) with other departments at Holy Cross.

Purpose: With your consent, your FAFSA data will be shared with other campus departments for the purpose of administering institutional financial resources to assist with the many academic opportunities available at Holy Cross. Additionally, your FAFSA data may be shared for the purpose of connecting you to other resources and support services to promote persistence and completion. Your FAFSA information will not be used for any other purpose beyond that stated within this form.

Scope of Data to be Shared: The FAFSA data to be shared will be limited to the derived FAFSA data; specifically, the Student Aid Index (SAI), Federal Pell Grant eligibility, as well as your percentage of grant/scholarship aid based on the total cost of tuition, fees, standard housing and food plan. The Financial Aid office will not be sharing any personal identifiable information (PII) or Federal Tax Information (FTI) obtained from your FAFSA, as that is beyond the scope of this consent form.

Duration: Your signed consent form will be valid for the academic year 2024-2025. You can revoke this authorization at any time by submitting a new consent form and indicating your consent has been revoked. A new consent form must be submitted for each year you are in attendance at Holy Cross.

Student Information

Last Name: _____ First Name: _____

HC ID: _____ College Email: _____

Phone: _____

Student Authorization & Signature (Check ONE box)

I consent to the Financial Aid office sharing my FAFSA data within the parameters described above with other campus departments.

Student's Signature: _____ Date: _____

I revoke this authorization for the sharing of my FAFSA data.

Student's Signature: _____ Date: _____

Submission Instructions

Please email the signed and completed form to FinancialAid@holycross.edu or drop off in the Fin Aid office in Hogan 314.