

## AUTHORIZED USERS

### PRIMARY DATA (RECEIVER) POINT OF CONTACT/PRIMARY DATA CUSTODIAN

This person will supply the list of students to be matched.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

School/District/Entity Name: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ADDITIONAL AUTHORIZED USERS (MORE THAN THREE USERS MAY BE DESIGNATED. ATTACH ANOTHER FORM TO INCLUDE ADDITIONAL USERS.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ School/District: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ School/District: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ School/District: \_\_\_\_\_

### Authorizing Official

Signed by Entity Designated Signatory: \_\_\_\_\_

(Must be signed by Superintendent, School Board President, Chief Executive Officer.)

Printed Name and Title: \_\_\_\_\_

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

Date: \_\_\_\_\_

### EMAIL COMPLETED DOCUMENTS TO:

Oklahoma College Assistance Program

[FAFSAPortal@ocap.org](mailto:FAFSAPortal@ocap.org)