

OKLAHOMA STATE REGENTS FOR HIGHER EDUCATION

OKLAHOMA TUITION AID GRANT PROGRAM AUTHORIZED INSTITUTIONAL REPRESENTATIVE

TO: The Oklahoma State Regents for Higher Education
Oklahoma Tuition Aid Grant Program
Post Office Box 108850
Oklahoma City, Oklahoma 73101-8850

_____ desires to participate in the Oklahoma
(Name of Institution)
Tuition Aid Grant Program whereby its eligible students may be able to receive grants under
provisions of State and Federal laws relating to the program.

Therefore, I have designated _____
(Name of Official) (Title)
as a **bonded** official of this institution to make official certification as to eligibility of applicants
for participation in the program, verify enrollments and attendance, receive and disburse funds
to students taking receipt therefor, and perform such other duties as may be necessary for the
proper administration of the Oklahoma Tuition Aid Grant Program consistent with State and
Federal laws and regulations.

(Signature of President/Chief Administrator)

(Date)

(Signature of Official Being Authorized)

(Date)

_____ (e-mail address of Authorized Official)

_____ (office telephone number with extension)

NOTE: An institution can have multiple authorized representatives; however one representative must be identified to receive any single mailings. If you are authorizing more than one representative, you can attach a list of names and original signatures to one authorization form, thereby requiring only one signature by the President/Chief Administrator.