



# Information and Authorization Form

**Ultimate Medical Academy**  
 Phone: 888-212-5421  
 Fax: 800-611-3724  
 www.ultimatemedical.edu

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(USE PHYSICAL ADDRESS — NO P.O. BOXES)

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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

### Personal References — Phone numbers required (please complete at least three)

- 1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Parent/Sibling/Relative/Friend  
(Circle one option)
- 2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Parent/Sibling/Relative/Friend  
(Circle one option)
- 3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Parent/Sibling/Relative/Friend  
(Circle one option)
- 4) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Parent/Sibling/Relative/Friend  
(Circle one option)

### Satisfactory Academic Progress Statement

I hereby affirm that I understand my financial aid eligibility is contingent upon maintaining satisfactory academic progress throughout my entire program of study at Ultimate Medical Academy. The Satisfactory Academic Progress Policy, as it is written in the school catalog, has been provided to me.

### CREDIT BALANCE AUTHORIZATION

Ultimate Medical Academy disburses Title IV financial aid funds to your student account to first pay for tuition and fees for the current payment period/semester. If those funds exceed your current payment period/semester charges your authorization will tell UMA how to treat these funds. **Please select one of the options below:**

1.  **I do authorize** Ultimate Medical Academy to retain any credit balance to be applied to future charges. I understand that once future charges are satisfied, any remaining credit balance on my student account will be returned **directly to the Title IV lender.**

**OR**

2.  **I do not authorize** Ultimate Medical Academy to retain any credit balance to be applied to future charges and request that UMA return any credit balance that results from federal Title IV funds **directly to the Title IV lender.**

**OR**

3.  **I do not authorize** Ultimate Medical Academy to retain any credit balance to be applied to future charges and request that UMA return any credit balance that results from federal Title IV funds **directly to me, the student.**

- I understand that Ultimate Medical Academy will retain any interest earned on the credit balance while holding those funds.
- I understand this is a voluntary authorization and is valid from the date of signing through the date of graduation unless I cancel or modify this authorization in writing by contacting the Student Finance Office to complete a new authorization. Refer to your financial aid award letter as a guide to your financial planning or check with your student finance planner on any additional questions.

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