



Student Business Services

**STUDENT WORKER AUTHORIZATION FORM**

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

I, \_\_\_\_\_, hereby authorize Delta State University's  
Student Name and ID Number

Student Business Services office to credit my Federal Work Study wages to my  
student account in order to pay the outstanding balance during the  
\_\_\_\_\_ until the account is paid in full or notified in writing.

Semester/Year

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

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