



Office of Student Financial Services
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2025-2026 Request to Add a Student Account Proxy

Student Name: _____

SMC ID # _____

This document is used to notify Saint Michael's College of your request to include a 3rd party individual **other than** your parent (relative, benefactor, etc.) to have access to viewing financial aid awards, student account information, and submitting payments through the E-Commerce financial aid self-service portal.

Instructions:

Complete the information required below for the individual(s) for which you wish to authorize access on your Knight Vision Student Finance billing portal. **If you provided your parent(s) contact information previously on your New Student Information Form, then you do not need to list them here.** Once this form has been completed and returned to the Office of Student Financial Services, you will be notified via email when you can formally authorize these additional 3rd party individuals through your KnightVision portal.

Proxy Information:

First Name: _____	Middle Initial: ____	Last Name: _____	Date of Birth: ____/____/____
Email: _____		Relation to Student: _____	
Address: _____		City: _____	State: _____ Zip Code: _____
Phone Number: _____			

First Name: _____	Middle Initial: ____	Last Name: _____	Date of Birth: ____/____/____
Email: _____		Relation to Student: _____	
Address: _____		City: _____	State: _____ Zip Code: _____
Phone Number: _____			

Certification:

I understand that submission of this form does not automatically update the authorized proxies and once I am notified that the individual(s) listed above have been processed, I must access my KnightVision self-service portal to add them. Furthermore, although I am authorizing the above referenced individuals, I am responsible for my tuition and charges.

Please print and sign the form before submitting to our office. We cannot accept digital signatures.

Student Signature

Date