



## CollegeBound*baby* \$100 Authorization Form

Please return this completed and signed application, proof of birth or adoption to Rhode Island Higher Education Assistance Authority (RIHEAA) Attn: CollegeBound*baby* Program, 560 Jefferson Blvd., Warwick, RI 02886-1304. If you have any questions or need assistance, e-mail collegeboundfund@riheaa.org or call 401.736.1141.

### Account Information

#### A. Child's Information

Child's First Name	Middle Initial	Child's Last Name	Suffix
Street Address 1		Street Address 2	
City	State	Zip Code	
Child's Social Security Number		Date of Birth (MM/DD/YYYY)	

#### B. Parent's Information

First Name	Middle Initial	Last Name	Suffix
Street Address 1		Street Address 2	
City	State	Zip Code	
Date of Birth (MM/DD/YYYY)	Ethnicity (optional) Please circle all that apply. White, Hispanic or Latino, Asian, Black or African American, American Indian, N/A	Education Level (optional) Please select one. GED, high school diploma, associate, bachelor, master's, PhD, N/A	

I authorize the Rhode Island Higher Education Assistance Authority to contribute \$100 into a CollegeBound*fund* account for my child and to send me information about the account. Questions? Please refer to the CollegeBound*baby* program found at [www.collegeboundbaby.com](http://www.collegeboundbaby.com).

Signature of Parent

Date