

Session: 2151 Track Code: AF	
	MPC STUDENT'S ID NUMBER

2015-2016 Authorization to Mail Educational Records

Last Name	First Name			Middle Initial		
Address		City	State	Zip		
()						
Phone Number		E-Mail Address				
FERPA Notice: The Family Educational Rights and Privacy tution of higher educations to control outsic ents, guardians, or others as designated by th close information for a student's educationa of educational records declaration.	le access to their educationa he student. Without a stude	l records, including requ nt's written consent, Stu	ests form informat dent Financial Serv	ion from their par- rices may not dis-		
I, Financial Services may release/mail e	he educational information /	ereby declare Monter to the following age	ey Peninsula Co ency.	ollege Student		
Name of Agency	Name of Representative					
Address		City	State	Zip		
Please release/mail the following: _	Financial Aid Award	LetterOther:				
This request is for: CHOMP	• Auxiliary Schp N	ICCSN Application	Other			
I understand that this release form is for one form.	e time only and if I want to s	send the information to a	another agency I m	ust complete a new		
Student's Signature	re Date					
<i>For Student Financial Services Use C</i> The above student has received finan The above student has not received ff The above student has applied for fin The above student has not applied fo The above student is only receiving second	cial aid. Please see attache inancial aid. His/her awa nancial aid, but has not co or financial aid at this insti-	rd is pending. mpleted their financial tution.	l aid file.			
Student Financial Services Coordinator's Sign	nature			Date		
MDC Student Einensiel Services	980 Fremont Street, Monterey, CA 93	2040 Dhomos 821 646 4020	E mail: financialaid@m	ao adu		