

| Session: 2161  | SOCIAL SECURITY NUMBER  |  |  |
|----------------|-------------------------|--|--|
| Track Code: AF | MPC STUDENT'S ID NUMBER |  |  |

## 2016—2017 Authorization to Mail Educational Records

| Last Name                                                                                                                                  | First Name                                                                                                                                                                                                                  |                                | Middle Initial                            |                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------|--------------------------------------------|--|
| Address                                                                                                                                    | C                                                                                                                                                                                                                           | City                           | State                                     | Zip                                        |  |
| ()                                                                                                                                         |                                                                                                                                                                                                                             |                                |                                           |                                            |  |
| Phone Number                                                                                                                               | E                                                                                                                                                                                                                           | E-Mail Address                 |                                           |                                            |  |
| tution of higher educations to control out<br>ents, guardians, or others as designated by                                                  | cy Act of 1974 (FERPA), initially called the side access to their educational records, include the student. Without a student's written conal records to outside third parties. The student                                 | cluding reque<br>consent, Stud | ests form informat<br>dent Financial Serv | tion from their par-<br>vices may not dis- |  |
| I,<br>Financial Services may release/mai                                                                                                   | , hereby decla<br>l educational information to the follo                                                                                                                                                                    |                                |                                           |                                            |  |
| Name of Agency                                                                                                                             | Name of                                                                                                                                                                                                                     | Name of Representative         |                                           |                                            |  |
| Address                                                                                                                                    | C                                                                                                                                                                                                                           | City                           | State                                     | Zip                                        |  |
| Please release/mail the following:                                                                                                         | Financial Aid Award Letter                                                                                                                                                                                                  | _Other:_                       |                                           |                                            |  |
| This request is for: CHOM                                                                                                                  | IP Auxiliary Schp MCCSN Ap                                                                                                                                                                                                  | plication                      | Other                                     |                                            |  |
| I understand that this release form is for of form.                                                                                        | one time only and if I want to send the infor                                                                                                                                                                               | rmation to a                   | unother agency I n                        | nust complete a nev                        |  |
| Student's Signature                                                                                                                        |                                                                                                                                                                                                                             | Da                             | te                                        |                                            |  |
| <ul><li>The above student has not received</li><li>The above student has applied for f</li><li>The above student has not applied</li></ul> | ancial aid. Please see attached award lett<br>I financial aid. His/her award is pending<br>financial aid, but has not completed thei<br>for financial aid at this institution.<br>s scholarships. Please see attached award | ig.<br>eir financial           | aid file.                                 |                                            |  |
| Student Financial Services Coordinator's S                                                                                                 |                                                                                                                                                                                                                             |                                |                                           | Date                                       |  |