

Session: 2141 Track Code: AF	SOCIAL SECURITY NUMBER
	MPC STUDENT'S ID NUMBER

2014—2015 Authorization to Mail Educational Records

Last Name	First Name		M	Middle Initial		
Last i valle	T list I valie		171	idaic IIItiai		
Address		City	State	Zip		
()Phone Number		E-Mail Address				
Phone Number		E-Man Address				
FERPA Notice: The Family Educational Rights and Privacy Act tution of higher educations to control outside a ents, guardians, or others as designated by the s close information for a student's educational re of educational records declaration.	ccess to their educational records, tudent. Without a student's writte	including req n consent, St	uests form informat udent Financial Serv	tion from their par- vices may not dis-		
I, Financial Services may release/mail edu	hereby decational information to the fo	lare Monte ollowing ag	erey Peninsula Co gency.	ollege Student		
Name of Agency	Name of Representative					
Address		City	State	Zip		
Please release/mail the following:	Financial Aid Award Letter	Other:				
I understand that this release form is for one tir form.	me only and if I want to send the in	nformation to	another agency I n	nust complete a new		
Student's Signature		Date				
For Student Financial Services Use Onto _The above student has received financial _The above student has not received financial _The above student has applied for financial _The above student has not receiving schools.	l aid. Please see attached award incial aid. His/her award is pendicial aid, but has not completed to nancial aid at this institution. Please see attached aw	ling. heir financia	al aid file.			
Student Financial Services Coordinator's Signature		Print Name		Date		