

SOCIAL SECURITY NUMBER				
MPC	STUDENT'S ID NU	JMBER		

2017—2018 Authorization to Mail Educational Records

First Name	M	Middle Initial				
City	State	Zip				
E-Mail Address						
r educational records, including req hout a student's written consent, St	quests form informat tudent Financial Serv	cion from their par- vices may not dis-				
Name of Representative						
City	State	Zip				
Please release/mail the following:Financial Aid Award LetterOther:						
This request is for: CHOMP Auxiliary Schp MCCSN Application Other						
If I want to send the information to	o another agency I m	nust complete a new				
	Date					
see attached award letter. lis/her award is pending. has not completed their financi at this institution. ease see attached award letter.	ial aid file.					
		Date				
rh S	City E-Mail A ERPA), initially called the Buckley A reducational records, including record a student's written consent, Stide third parties. The student can , hereby declare Monformation to the following as	E-Mail Address E-Mail Address				