

SOCIAL SECURITY NUMBER							
МРС	STUDENT'S		BER	]-[			

## 2018—2019 Authorization to Mail Educational Records-Nursing

Last Name	First Name	M	Middle Initial		
Address	City	State	Zip		
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Phone Number	E-Mail Ao	E-Mail Address			
FERPA Notice: The Family Educational Rights and Privacy Act of tution of higher educations to control outside acceents, guardians, or others as designated by the studiose information for a student's educational record of educational records declaration.	ess to their educational records, including requ dent. Without a student's written consent, Stu	nests form informat Ident Financial Serv	ion from their par- vices may not dis-		
I, Financial Services may release/mail educa					
Name of Agency	Name of Represe	Name of Representative			
Address	City	State	Zip		
Please release/mail the following:Fin	nancial Aid Award LetterOther:				
This request is for: CHOMP Aux	iliary Schp MCCSN Application	Other			
I understand that this release form is for one time form.	only and if I want to send the information to	another agency I m	nust complete a new		
Student's Signature	D	ate			
For Student Financial Services Use Only:  _The above student has received financial ai  _The above student has not received financial  _The above student has applied for financial  _The above student has not applied for financial  _The above student is only receiving scholar  Comments:	ial aid. His/her award is pending. I aid, but has not completed their financia ncial aid at this institution.	l aid file.			
Student Financial Services Coordinator's Signature			Date		