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SOCIA	L SECURIT	Y N	UMBE	R				
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MPC S	STUDENT'S	ID I	NUM	BER				_

## 2018-2019 Authorization to Mail Educational Records

Last Name	First Name	Middle Initial		
Address	City		State	Zip
() Phone Number	E-Ma	il Addr	ess	
tution of higher educations to control out ents, guardians, or others as designated by	acy Act of 1974 (FERPA), initially called the Buckl tside access to their educational records, including y the student. Without a student's written consen onal records to outside third parties. The student o	requests t, Studer	s form informa nt Financial Ser	tion from their par- vices may not dis-
I, Financial Services may release/ma	, hereby declare M, hereby declare M, il educational information to the followin	lontere g agenc	y Peninsula ( cy.	College Student
Name of Agency	Name of Rep	resenta	tive	
Address	City		State	Zip
Please release/mail the following:	Financial Aid Award LetterOt	ner:		
This request is for: CHOM	MP Auxiliary Schp MCCSN Applica	tion _	Other	
-	MP Auxiliary Schp MCCSN Applica			
I understand that this release form is for o	·		other agency I r	
I understand that this release form is for of form. Student's Signature <i>For Student Financial Services Use</i> The above student has received fin The above student has not received The above student has not received The above student has not applied for The above student has not applied	one time only and if I want to send the information <b>e Only:</b> hancial aid. Please see attached award letter. d financial aid. His/her award is pending. financial aid, but has not completed their fina	Date	other agency I r	