

SOCIAL SECURITY NUMBER						
MPC STUDI	– ENT'S ID NUM	BER	_			

2019—2020 Authorization to Mail Educational Records

Last Name	First Name	M	Middle Initial		
Address	City	State	Zip		
() Phone Number	E-Mail A	E-Mail Address			
FERPA Notice: The Family Educational Rights and Privacy Act of 19 tution of higher educations to control outside access ents, guardians, or others as designated by the studen close information for a student's educational records of educational records declaration.	to their educational records, including records. Without a student's written consent, St	quests form informat tudent Financial Serv	tion from their par- vices may not dis-		
I, Financial Services may release/mail education					
Name of Agency	Name of Repres	Name of Representative			
Address	City	State	Zip		
Please release/mail the following:Finan	ncial Aid Award LetterOther	:			
This request is for: CHOMP Auxilia	ary Schp MCCSN Application	n Other			
I understand that this release form is for one time on form.	aly and if I want to send the information to	o another agency I n	nust complete a new		
Student's Signature	Ī	Date			
For Student Financial Services Use Only: The above student has received financial aid. The above student has not received financial ai The above student has applied for financial ai The above student has not applied for financial The above student is only receiving scholarsh Comments:	aid. His/her award is pending. id, but has not completed their financi ial aid at this institution.	ial aid file.			
Student Financial Services Coordinator's Signature			Date		