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SOCIAL SECURITY NUMBER						
1	MPC STUDE	NT'S ID NUM	IBER			

## 2022—2023 Authorization to Mail Educational Records

Last Name	First Name	Middle Initial			
Address	City	State	Zip		
() Phone Number	E-Mail A	E-Mail Address			
FERPA Notice: The Family Educational Rights and Privacy Act o tution of higher educations to control outside acc ents, guardians, or others as designated by the stu- close information for a student's educational reco of educational records declaration.	ess to their educational records, including rec dent. Without a student's written consent, St	quests form informa tudent Financial Ser	tion from their par- vices may not dis-		
I, Financial Services may release/mail educa			College Student		
Name of Agency	Name of Repres	Name of Representative			
Address	City	State	Zip		
Please release/mail the following:Fi	nancial Aid Award LetterOther	:			
This request is for: CHOMP Aux	ciliary Schp MCCSN Application	n Other			
I understand that this release form is for one time form.	only and if I want to send the information to	o another agency I n	nust complete a new		
Student's Signature	Γ	Date			
For Student Financial Services Use Only: The above student has received financial aThe above student has not received financiaThe above student has applied for financiaThe above student has not applied for finaThe above student is only receiving schola Comments:	id. Please see attached award letter. ial aid. His/her award is pending. il aid, but has not completed their financiancial aid at this institution. rships. Please see attached award letter.	al aid file.			
Student Financial Services Coordinator's Signature	:		Date		