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SOCIAL SECURITY NUMBER			
MPC STUDENT'S ID NUMBER			

## 2023—2024 Student Authorization For Access by Designee

Use ink only.	Designee	
Last Name	First Name	MI
dents at an institution of higher information from their parents Student Financial Services may Students who wish to provide	s and Privacy Act of 1974 (FERPA), initially care education to control outside access to their est, guardians, or others as designated by the study not disclose information from a student's education as a standing release to allow Student Financial to complete the following declaration.	ducational records, including requests for dent. Without a student's written consent, acational records to outside third parties.
There can only be one designed of student's and designed	gnee per form. Form must be submitted?'s official photo I.D.	in person, by student, with a copy
Student Financial Service manner chosen below. I	, hereby declare that es may release information to the followanderstand that I must provide the designamber to gain access to information.	wing designee and only in the
Designee's Name:		
Designee's E-mail:		
Designee's last 4 digits of	SSN: Phone #:	
Please indicate the relation	nship of the designee:	
Parent Spouse	GuardianOther: Please indicate	e relationship:
Please indicate the access	level granted:	
student either by email, teleph	national (grants designee the right to provide	
I understand that this release i	s in effect until the end of the academic year, o	r if revoked in writing by me, the student.
Student's Signature		Date