

SOCIAL SECURITY NUMBER						
	MPC STUDEN	- E	MBER			

2023—2024 Authorization to Mail Educational Records

Last Name	First Name	Middle Ini					
Address	City	State	Zip				
()_ Phone Number	E-Mail A	E-Mail Address					
FERPA Notice: The Family Educational Rights and Privacy Act of 1 tution of higher educations to control outside access ents, guardians, or others as designated by the studer close information for a student's educational records of educational records declaration.	s to their educational records, including req nt. Without a student's written consent, St	uests form informatio udent Financial Servic	on from their par- ces may not dis-				
I,Financial Services may release/mail education							
Name of Agency	Name of Represo	Name of Representative					
Address	City	State	Zip				
Please release/mail the following:Financial Aid Award LetterOther:							
This request is for: CHOMP Auxili	ary Schp MCCSN Application	n Other					
I understand that this release form is for one time or form.	nly and if I want to send the information to	another agency I mu	st complete a new				
Student's Signature	Γ	Date					
For Student Financial Services Use Only: The above student has received financial aid. The above student has not received financial The above student has applied for financial a The above student has not applied for financial The above student is only receiving scholarsh Comments:	aid. His/her award is pending. uid, but has not completed their financiated aid at this institution. hips. Please see attached award letter.	al aid file.					
Student Financial Services Coordinator's Signature		D	ate				