I give permission for the Office of Student Financial Services to release information regarding my financial aid to ________________________________.

Please Print

Relationship to Student: ________________________________.

Please Print

☐ I would like for this person to discuss my information in detail with the Student Financial Services Office.

☐ I would like for this information to be released to the above person by _____/_____/______.

Date

Requests will be processed within a reasonable time. Depending on the availability of information, requests may take up to twenty days, excluding weekends and holidays.

Please specify the information to be released below:

_________________________________________________________

_________________________________________________________

_________________________________________________________

I understand that by signing this form, I release Midlands Technical College from any liability that may occur as a result of the release of the requested information.

I also understand that this authorization to release this information does not expire unless a written and signed request to do so has been received.

__________________________________________  ______________________________

Student Printed Name                    MTC ID Number

______________________________________  __________________________

Student Signature       Date

For SFS Staff Use Only

Identification Attached:   ☐ DL    ☐ Passport    ☐ State ID    ☐ Other Government Issued ID

__________________________________________  __________________________

Received By       Date