

STUDENT FINANCIAL SERVICES AUTHORIZATION TO RELEASE STUDENT'S FINANCIAL AID INFORMATION



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