

Financial Aid Release of Information

By signing this form, you are allowing the Financial Aid and/or Student Accounts Office to discuss information pertaining to your financial aid and/or billing with the person(s) you designate below. (Please include any individual MCLA faculty, staff, athletic coaches, or counselors that may contact us on your behalf). **The person(s) listed must have your student ID available when calling for information.**

I _____,
Print student name

Request and allow the sharing of all my financial aid/billing records with:

This release shall be effective from the **Fall 2012** semester through the **Spring 2013** semester.

Signed _____

Date _____

Student ID: A _____

Cc: Financial Aid Student File
Student Account's Student Record

Please return this form to:
MCLA Financial Aid Office
375 Church Street
North Adams, MA 01247