

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 or athletic coaches that may contact us on your behalf). **The person(s) listed must have your student ID available when calling for information.**

I \_\_\_\_\_,

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

This release shall be effective from the **Fall 2011** semester through the **Spring 2012** 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