

**MAC Financial Aid Office
Release of Information Request**

Name _____ SS# _____

I request by my signature below that the individuals listed on this form be granted access to my information from the Financial Aid Office. **This information may include such information as Academic Information, Financial Aid Information, and Student Billing Information.**

I also understand that this request is good for one academic year only and can only be revoked in writing.

The following individuals may be granted access to my information: (Please include first and last name of individual whom you wish to receive your information.)

Request for Academic Year _____ 2009-2010

Date of Authorization _____

Students Authorized
Signature _____

For Office Use Only:

Receipt Date: _____ Received by: _____

Input into Computer System (date & individual) _____