

College Park  
Mineral Area College  
Release of Information Request

Name \_\_\_\_\_ SS# \_\_\_\_\_

I request by my signature below that the individual(s) listed on this form be granted access to my information from College Park. **This information may include such information as Financial Aid information, Student Billing information, and my well being.**

I also understand that this request is good for the time period I am living at College Park and can only be revoked in writing.

The following individuals may be granted access to my information:

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Date of Authorization \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

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**For Office Use Only:**

Receipt Date: \_\_\_\_\_ Received By: \_\_\_\_\_

Input into Computer System (date and individual) \_\_\_\_\_

***Original to be placed in student file.***