

**FINANCIAL AID AND STUDENT ACCOUNTS  
RELEASE OF INFORMATION**

The Family Education Rights and Privacy Act (FERPA) affords students certain rights with respect to the student's education records. MCLA cannot release any financial information, including refunds pertaining to your account to anyone but you. If you would like to allow us to share financial information with a parent, guardian, spouse, other relative, faculty, staff or athletic coach, please complete and sign below.

***This release shall be effective for the 2016 fall and 2017 spring semesters only. A new form must be completed each academic year.***

I may rescind this authorization at any time by submitting a written request to the Financial Aid Office or Student Accounts Office.

I, \_\_\_\_\_, authorize the Financial Aid and Student Accounts Offices at MCLA to discuss my student account with the following person/people listed below.

The following people are authorized to receive information regarding my account:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

Signed \_\_\_\_\_ A# \_\_\_\_\_  
Date \_\_\_\_\_

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I, \_\_\_\_\_, would like my account to be confidential and information should only be released with proof of identification.

Signed \_\_\_\_\_ A# \_\_\_\_\_  
Date \_\_\_\_\_

Please return this form to:  
MCLA Financial Aid Office  
375 Church Street  
North Adams, MA 01247  
Fax 413-662-5105