

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 2018 fall and 2019 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
(Legal Name)
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 _____

I, _____, would like my account to be confidential
(Legal Name)
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