



FINANCIAL AID OFFICE

BEDFORD CAMPUS: 591 Springs Rd ♦ Bedford, MA 01730 ♦ (781) 280-3650 ♦ FAX: (781) 280-3603
LOWELL CAMPUS: 33 Kearney Square ♦ Lowell, MA 01852 ♦ (978) 656-3242 ♦ FAX: (978) 656-3322
Office Hours: Monday – Friday 8:30 am to 5:00 pm ♦ financialaid@middlesex.mass.edu

Financial Aid Information Release Form

Student Name: _____ ID#: A _____

In compliance with the Family Education Rights and Privacy Act (FERPA) and Middlesex Community College policy, the Financial Aid Office cannot release any information pertaining to a student's record. In order for any information to be released to anyone, other than the student, the student must provide our office with written consent.

Please complete the following information only if you, the student, want to authorize an immediate family member or agency to have access to your student record as related to financial aid. For each person or agency listed below, you acknowledge and understand that you are giving permission to the Financial Aid Office at Middlesex Community College to release all information regarding your eligibility for financial aid.

This form must be presented in person by the student to the Financial Aid Office with a picture ID.

Name	Relationship	Birth Date	Last 4 digits of Social Security Number
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Organization	Contact Person	Telephone Number
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- ❖ I recognize that **this release pertains only to the Financial Aid Office** and no other department on campus.
- ❖ I understand Middlesex Community College is required by law to report information about me to certain agencies (such as federal and state).
- ❖ I understand that when a person listed above contacts the Financial Aid Office on my behalf the person **must have my MCC student ID number**.
- ❖ I understand that I may revoke this privilege at any time by submitting a signed written statement to Middlesex Community College's Financial Aid Office.

Signature: _____

Date: _____

OFFICE USE ONLY

Picture ID verified by: _____ Processed date: _____