



Office of Financial Aid Services

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Bozeman, MT 59717-4160
www.montana.edu/wwwfa

Tel (406) 994-2845
Fax (406) 994-6962

RELEASE OF INFORMATION REQUEST FORM

Last Name	First Name	Middle Initial	MSU Student ID
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Term / aid year: _____

The Federal Educational Rights and Privacy Act (FERPA) strictly prohibits an institution from releasing any information from your institutional record without your consent, except as prescribed by law.

A request has been received to release information to a third party that requires your authorization. If you wish to have us process this request please sign, and return this document to the Office of Financial Aid Services that gives consent.

Name and contact information of people or organization to release information to:

1. _____
2. _____
3. _____
4. _____

By signing I am authorizing the Montana State University Office of Financial Aid Services to release applicable information to the third party providers listed here.

Signature: _____ Date: _____