



STUDENT AUTHORIZATION TO RELEASE INFORMATION

In accordance with the Family Educational Right to Privacy Act of 1974 (FERPA), Manhattan Christian College does not release personal financial aid information or student billing account information unless requested by the student. I understand that to release information I *must* complete this form.

I, _____, Social Security Number _____,
(student name)

hereby consent to the disclosure of any and all financial information maintained by Manhattan Christian College, including, but not limited to: billing charges, financial aid awards or any other payments to my parents or other named person/persons/institution/institutions, for the purpose of identifying the status of amounts due or paid the College. I understand this authorization will remain in effect until revoked in writing or I cease to attend the College.

Please disclose any requested information to the following individual(s) or entity:

Name Phone Number Relationship

Name Phone Number Relationship

Name Phone Number Relationship

Signature of Student

Date