



777 Grandview Drive • Kalispell, MT 59901

BUSINESS SERVICES AND FINANCIAL AID OFFICE

INFORMATION RELEASE FORM

YOU are the only person who has access to your financial aid and billing information **UNLESS** you give us written authorization to speak to a specific person or persons (for example, a parent, spouse, or agency).

This release of information is for:

NAME	RELATIONSHIP TO STUDENT

All of the following are approved for release of information unless otherwise noted:

Tuition and Fees

Financial Aid/Scholarships

Registration Statement

1098T Tax Information

Bookstore/Library charges

NOTES: _____

THIS AUTHORIZATION DOES NOT INCLUDE ACADEMIC RECORDS!!

This authorization shall remain in effect until rescinded in writing by me.

PRINTED NAME: _____ STUDENT ID# _____

SIGNATURE: _____ DATE: _____

For Office Use Only	Cams _____	Initials _____	Date _____
	In FAO _____	Not in FAO _____	Initials _____
			Date _____