

Financial Aid Release of Information

Name: _____

Date of Birth: _____ **MSU ID#:** _____

E-mail: _____ **Phone Number:** _____

I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete. I request and authorize the release of information from my file and understand that this information will be provided to the designated party.

Signature: _____ **Date:** _____

Due to archiving of older records, we are unable to retrieve documents prior to the 2000 academic year. For copies of tax returns/transcripts please **contact the IRS at www.irs.gov or 1-800-908-9946.**

Choose ONE of the following:

- Complete the attached form** (Food assistance, housing, scholarship, etc.)
- MSU Denver Award and Expense form**
- Study Abroad**
- Re-Affirmation Agreement** (Debt Management to complete- forms must be returned to student)
- Other information from my file** (please specify): _____

Indicate the term(s) for which you would like information provided : (check all that apply)

- Fall 20**____ **Spring 20**____ **Summer 20**____

Choose ONE of the following:

- I will **PICK UP** the information from the front desk of the Office of Financial Aid and Scholarships***
- MAIL** to designated address
 Street Address: _____
 City/State/ZIP: _____
- EMAIL** information to 3rd party (If no 3rd party email is provided; the email will be sent to the student directly).
 3rd party email: _____
- FAX** information to: (_____) _____ - _____

***Upon the releasing of documents, students will be given 30 calendar days to retrieve all documents. After 30 calendar days, all requested documents that have not been retrieved will be shredded.

Office Use Only:

Completed By: _____ **Date:** _____

RRAAREQ RHACOMM RUAMAIL ROAMESG SENT

NOTES: _____