Consent to Release Financial Aid Information

Name: ___________________________ UM ID#: 790-__________
E-Mail: ___________________________ Phone #: __________________

I hereby authorize The University of Montana Financial Aid Office to release any financial aid information contained in my records, to: ______________________________

(Please print individual’s name)

The consent will remain in effect until I submit a written statement revoking the individual’s right to my financial aid information.

Student Signature: ___________________________ Date: _____/_____/_____

NOTICE: Faxed copies of this form will not be accepted. If mailed, this form must be notarized. Forms which are submitted in person by the student do not need to be notarized.

Notary’s Certificate of Acknowledgement

State of ___________________________ City/County of ___________________________

On ___________________________ (Date) before me, ___________________________ (Notary’s Name)

personally appeared ___________________________ and provided to me on basis of ___________________________

(Printed name of signer)

satisfactory evidence of identification, ___________________________ (Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal ___________________________ (seal)

(Notary Signature) ___________________________ (Notary Signature)

My commission expires on ___________________________ (Date)