



Financial Aid Office
Lommasson Center 218
Missoula, MT 59812-2232
Phone: (406) 243-5373
Fax: (406) 243-4930
faid@mso.umt.edu

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 _____, before me, _____
(Date) (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)

My commission expires on _____
(Date)