



## **STUDENT CONSENT FORM** **Student Financial Records & Financial Aid**

**\*This Form does not release information regarding Admissions & Records\***

I, \_\_\_\_\_, give my written authorization for MHCC  
PLEASE PRINT FULL NAME

to release to someone other than myself, any and all financial information  
regarding my student account (excludes academic information).

### **REQUIRED INFORMATION:**

For Financial Aid purposes, you must provide up to three (3) parties to whom account information may be disclosed:

_____	_____	_____
NAME	NAME	NAME
_____	_____	_____
RELATIONSHIP	RELATIONSHIP	RELATIONSHIP

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
MHCC ID# or SOC. SEC. #

\_\_\_\_\_  
DATE

Return to: Mt. Hood Community College  
Business Office / Accounts Receivable  
26000 SE Stark Street  
Gresham, Oregon 97030  
Fax: (503) 491-7275

The Student Consent Form will remain valid until revoked in writing by the student.

BOFA \_\_\_\_\_