



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 _____