MISSOURI SOUTHERN STATE UNIVERSITY.

Office of Financial Aid
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109 Hearnes Hall
(417) 625-9325
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26-27 Authorization of Release of Information to Individual/ Organization

Name: _____ **Student ID:** _____

Part 1: Individual/Organization Contact Information

I authorize the Missouri Southern State University Financial Aid Office to release the following information to the individual/ organization indicated below for determination of eligibility for funding.

Type of Individual/Organization	Name	Relationship with the Student
○ *Parent/Guardian*		
○ *Family Member*		
○ *Third Party Organization*		
○ *Other*		

Contact information for the individual/organization listed above on part 1:

Address: _____
(Street Address) *(City)* *(State)* *(Zip)*

Phone Number: _____ Email Address: _____

Part 2: Release Information

I understand that:

- The Financial Aid Office will keep a copy of this authorization in my financial aid file.
- I will need to sign additional forms to provide information to additional individuals/organization(s) or for subsequent academic year(s).

_____ All of the following OR (select all that apply)

_____ Student Aid Index (SAI)	_____ MSSU Grants/ Scholarships	_____ Federal Grants
_____ State Aid	_____ Federal Loans	_____ Outside Grants/ Scholarships
_____ Federal Work Study	_____ Estimated Cost of Attendance	_____ Private Loans
_____ Balance Due	_____ Bill Details	_____ Other: _____

My signature below authorizes Missouri Southern State University to provide information to the person listed above. *This form will expire June 30, 2027.

Student Signature: _____ **Date:** _____

OFFICE USE ONLY:

Date: Tracking: RHACOMM: Initial: Scan:

RELESE