

**MESABI RANGE COMMUNITY AND
TECHNICAL COLLEGE
Financial Aid Release of Information**

Student Name: _____ **ID #** _____

Please list below any person(s) or agency you wish to give us permission to discuss your financial aid information with. This will include all financial aid and account/billing information. (NO ACADEMIC INFORMATION)

- ❖ Please keep in mind that if you do not list your parents and they will be assisting you with your financial aid, we will not be able to discuss the information with them
- ❖ If you wish to add or remove a person or agency at any time, you must submit the request to the Financial Aid Office in writing.
- ❖ This release of information is only good for one academic year. You must submit a new release form each year.

Signature: _____ **Date:** _____

Return form to:

MESABI RANGE COMMUNITY AND TECHNICAL COLLEGE
FINANCIAL AID OFFICE
1001 W CHESTNUT STREET
VIRGINIA, MN 55792