



Financial Aid Office

Consent to Release Information

Student's Legal Name _____ Program _____

Student ID Number _____ Phone Number _____

I, the undersigned student, authorize **Morton College** to release information from my education records to the individual(s) or organization(s) listed below for the purpose of:

- Financial Aid Information
- Academic Records / Grades
- Billing & Student Account Information
- Enrollment / Attendance Verification
- Disciplinary Records
- Other (please specify): _____

RECIPIENT(S) OF INFORMATION

Name of Individual or Organization: _____

Relationship to Student: _____

Phone / Email (optional): _____

Add another authorized individual (attach additional form if needed)

STUDENT CONSENT & FERPA NOTICE

I understand that under the Family Educational Rights and Privacy Act (FERPA), my education records are protected and cannot be released to third parties without my written consent, except under specific circumstances permitted by law.

By signing below, I voluntarily authorize the release of the specified information to the individual(s) or organization(s) named above. This consent remains in effect until:

- I submit a written revocation of this consent.
- The following date: ____ / ____ / ____

I understand I may revoke this consent at any time by submitting written notice to the Financial Aid Office.

Certifications and Signatures

I certify that I have read and understand all items on this form and all information provided for my financial aid is true and correct.

Student's Signature _____ Date _____