



MAYLAND
COMMUNITY COLLEGE
Financial Aid

P.O. Box 547 ● Spruce Pine, NC 28777
828-766-1204 (Phone) ● 828-765-0728 (Fax) ● finaid@mayland.edu

Consent to Release Financial Aid Information

I _____ grant permission to Mayland Community College
Student's Name (Please Print)

To release my financial aid and/or educational information to the person(s) listed below:

Information to be released includes any Financial Aid award, such as the Pell Grant, scholarships, state grants, loans, or any other financial aid award as posted to the student's record. This form also grants permission for educational information to be released to those listed above. A picture ID is required when form is being witnessed.

This Permission remains in effect until I cancel by notifying the Financial Aid Office in writing.

Signature of Student

Signature of Financial Aid Witness

Social Security or Student ID #

Date

Notary seal is required if signature is not witnessed in Financial Aid Office.

The above named _____ has appeared before me and I witnessed
his/her signature on _____.
Date

Notary Public

Notary Seal

My Commission Expires