



**Office of Financial Aid**  
 3950 E. Newman Road, Joplin MO 64801  
 109 Hearnes Hall  
 (417) 625-9325  
 Fax: (417) 659-4474  
 finaid@mssu.edu

## 24-25 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 to the Student
<input type="radio"/> Parent/Guardian		
<input type="radio"/> Family Member		
<input type="radio"/> Third Party Organization		
<input type="radio"/> Other		

**Contact information for the individual/organization listed above:**

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, 2025.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY:

Date: \_\_\_\_\_ Tracking: \_\_\_\_\_ RHACOMM: \_\_\_\_\_ Staff: \_\_\_\_\_ BDM: \_\_\_\_\_

**RELEASE**