Information Release & Authorization

Authorization to Credit Your Account

I understand my Federal Pell Grant, if awarded, and any other Title IV financial aid funds will be applied to my tuition, fees and housing charges. In addition, I understand Minnesota State University Moorhead may credit any remaining funds to miscellaneous MSUM charges billed to my account, including Bookstore charges, library fines, parking tickets, late fees, etc.

Authorization is voluntary and you may rescind this request in writing at the Office of Scholarship and Financial Aid at any time. If you answer “no,” you must use other means for paying all Bookstore and miscellaneous charges. Your response is required.

I authorize Minnesota State University Moorhead to credit Title IV (federal) financial aid funds, including Federal Pell Grant, toward Bookstore and miscellaneous charges.

❑ Yes  ❑ No

I understand that MSUM may use Electronic Funds Transfer (EFT) to obtain student loan (subsidized, unsubsidized and private) disbursements.

Certification (Sign in ink)

I understand that my responses to the above will remain in place while attending MSUM unless I submit a written notice of any change to the Office of Scholarship and Financial Aid.

Student Signature ____________________________ Date ____________________________

FINANCIAL AID INFORMATION RELEASE

A) I authorize the Office of Scholarship and Financial Aid to exchange information regarding my financial aid with other university departments, including the Records Office for academic transcripts and Business Services for MSUM bills.

B) I authorize the Office of Scholarship and Financial Aid to release information to outside agencies that need financial aid data to determine my eligibility for funding.

C) I authorize the release of my financial aid information to the person(s) indicated below:

Information may be released to:  ❑ Spouse (name) __________________________
                                    ❑ Parent 1 (name) __________________________
                                    ❑ Parent 2 (name) __________________________
                                    ❑ Other (name) __________________________
                                    ❑ No information may be released to any other person, including parents of dependent students

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RETURN THIS COMPLETED AND SIGNED WORKSHEET TO:
Minnesota State University Moorhead • Office of Scholarship and Financial Aid • MSUM Box 90 • 1104 7th Avenue South • Moorhead, MN 56563
218.477.2251 • Fax 218.477.2058 • E-mail: finaid@mnstate.edu