

MOUNT ALOYSIUS COLLEGE

FINANCIAL AID OFFICE
7373 ADMIRAL PEARY HIGHWAY
CRESSON, PA 16630

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the release of my financial aid information for the following time period(s).

- FALL SEMESTER
- SPRING SEMESTER
- SUMMER SEMESTERS

Of the 20__ to 20__ academic year(s)

Release my financial aid information to:

- CAMBRIA COUNTY ASSISTANCE OFFICE
- BLAIR COUNTY ASSISTANCE OFFICE
- INDIANA COUNTY ASSISTANCE OFFICE
- OTHER

ADDRESS: _____

CASEWORKER: _____

STUDENT'S SIGNATURE

DATE

SOCIAL SECURITY NUMBER