

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