



College of
Menominee
Nation

**AUTHORIZATION FOR RELEASE
OF INFORMATION
(FINANCIAL AID OFFICE ONLY)**

I, , authorize College of Menominee Nation, Financial Aid Office to release non-directory and related information regarding my enrollment at College of Menominee Nation to the following person(s), departments, or institutions:

Name of person, department, or institution

Address

City, State, Zip

The information to be released is designated by my initials in the appropriate space.

- Transcript Only
- Scheduling and registration documents
- Financial and billing materials
- Records of disciplinary proceedings
- Other, please specify:
- All information regarding my enrollment at CMN without limitation

I affirm that I have carefully read the foregoing authorization and that I fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily, knowingly and with the intent of being legally bound. I also understand that I may revoke any part or all of this authorization at any time upon submission of a written statement to College of Menominee Nation, Financial Aid Office.

Student's Signature

Student's Name (please print)

Date

Student's Identification Number