



Office of Financial Aid & Scholarships ▪ 1500 University Dr. ▪ Billings, MT 59101-0298
Phone: (406) 657-2188 ▪ Fax: (406) 657-1789 ▪ website: www.msubillings.edu/finaid

Consent to Release 2025-2026 Financial Aid Information to Third Party

Student Name: _____ Student ID Number: _____

As a student of MSUB, I authorize the University to release information relating to financial aid for the 2024-2025 academic year to the following organization(s):

Organization or Tribal Entity: _____ Address: _____

Organization or Tribal Entity: _____ Address: _____

Authorization Statement

I hereby authorize MSUB to release my 2025-2026 financial aid information to the designated organization(s) listed on this release. *If at some point I wish to change who is authorized to access my 2025-2026 information, I recognize it is my responsibility to submit this change in writing with my signature and date to nullify all forms previously kept on file.*

Signature of Student*

Date Signed

*Student must present a picture ID and sign this form in the presence of an MSUB Financial Aid employee.

Signature of MSUB Financial Aid Employee

Date Signed

OR

This form can be signed in the presence of a notary (below) if the student cannot sign inperson at the Financial Aid Office.

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ City/County _____

on _____, before me _____
(Date) Notary's Full Name (PRINTED)

personally appeared, _____, and proved to me on basis of
Full Name of Signer (PRINTED)

satisfactory evidence of identification _____ to be the above-named person
(Type of unexpired government-issued photo ID provided)

who signed the foregoing instrument.

Notary's Signature

WITNESS MY HAND AND OFFICIAL SEAL

My commission expires on _____
(Date)