MONTANA STATE UNIVERSITY BILLINGS

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 2026-2027 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 2026-2027 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 2026-2027 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 2026-2027 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)