

Financial Aid Office
905 Grant Avenue SE
Bemidji, MN 56601-4907
218-333-6600
Fax: 218-333-6698

Student Name *(please print)*

NTC Student ID

INFORMATION RELEASE:

1. **I authorize** the Financial Aid Office to release information to outside agencies that need financial aid data to determine my eligibility for funding.
2. **I authorize** the Financial Aid Office and the Business Services Office to release my financial aid and student billing/payment information to another person or persons (such as a parent or spouse). Indicate below the name(s) and your relationship to the person(s) to whom you want information released.
3. **I understand** that my information release will remain in **effect until June 30, 2025** or until I submit a written notice canceling or changing the person or persons to whom information is released. Name

_____ Relationship _____ Name
_____ Relationship _____

AUTHORIZATION TO CREDIT YOUR ACCOUNT:

1. If I receive financial aid funds, I understand NTC will apply those funds directly to my tuition, fees and/or room and board charges for the current academic year. I will use Federal Title IV financial assistance received only for expenses related to my study at NTC.
2. I also authorize NTC to credit my Federal Title IV funds to my other miscellaneous educational charges such as bookstore charges, late fees, up to \$200 of unpaid prior year charges, etc. Authorization is voluntary and I may rescind this request in writing at the NTC FAO at any time. If I answer "NO", I must use other means for paying all miscellaneous charges.

YES ☐ NO ☐

CERTIFICATION:

I understand that my information release will remain in **effect until June 30, 2025** or until I submit a written notice canceling or changing the person or persons to whom information is released. **I also understand** that my authorization to credit my account will remain in effect unless I submit a written notice requesting that it be canceled.

Student Signature *(please sign in ink)*

Date