

IDENTIFICATION AUTHORIZATION FORM FINANCIAL AID OFFICE

Student Name	Macomb ID#
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Street Address

City	State	Zip	Phone #
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I authorize the Financial Aid Office to release my financial aid information to the person listed below:

Name of Parent/Spouse	Relationship to Student (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Spouse
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Date of Birth of Parent/Spouse	Last 4 Digits of Parent's/Spouse's Social Security Number
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Student Signature	Date
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NOTE: If, after submitting this form, you no longer want us to release information to the person you authorized, you must contact the Financial Aid Office to change this authorization. This form must be submitted to the Financial Aid Office by the student, in person; the form cannot be mailed, faxed or put in drop box.