

IDENTIFICATION AUTHORIZATION FORM FINANCIAL AID OFFICE

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|----------------|------------|
| Student's Name | Macomb ID# |
|----------------|------------|

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|----------------|
| Street Address |
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| | | | |
|------|-------|-----|---------|
| City | State | Zip | Phone # |
|------|-------|-----|---------|

I authorize the Financial Aid Office to release my financial aid information to the person listed below:

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|-----------------------|--|
| Name of Parent/Spouse | Relationship to student (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Spouse |
|-----------------------|--|

| | |
|--------------------------------|---|
| Date of birth of Parent/Spouse | Last 4 digits of parent's/spouse's Social Security Number |
|--------------------------------|---|

| | |
|---------------------|------|
| Student's Signature | Date |
|---------------------|------|

NOTE: If this information changes, you must notify the Financial Aid Office or the person listed above will continue to have access to your financial aid information. This form must be submitted to the Financial Aid Office by the student, in person; the form cannot be mailed or faxed.