



FEDERAL BUCKLEY AMENDMENT RELEASE FORM

This form has been provided for students who wish to allow a designated person(s) to contact the Missouri Western State University Financial Aid Office and/or Business Office for information relating to the student's financial aid eligibility and billing records.

I give my consent to disclose to the authorized individual(s) listed below, any documents or information pertaining to my financial records.

Student's Full Name (Please Print) _____

Student ID Number **G** _____

Comments _____ Code Word* _____

**The authorized individual(s) listed below will be required to provide your Code Word to gain access to information regarding your Financial Aid and/or Account information. Your code word SHOULD NOT include any part of your Name, Address, Social Security Number, Date of Birth or other word that could be easily identified by individuals other than those listed below.*

Student's Signature _____ Date _____

Authorized individual(s):

Full name _____ Phone Number _____

Address _____
Street Address City State Zip

Full name _____ Phone Number _____

Address _____
Street Address City State Zip

Information will be released to the individual(s) listed above assuming the correct Code Word is provided. You must notify the Business Office or Financial Aid Office in writing when you no longer wish for information to be provided to the individuals listed above.

Please return the completed form to the Office of Financial Aid, Missouri Western State University, 4525 Downs Drive, St. Joseph, MO 64507 Fax: 816/271-5879