



METHODIST UNIVERSITY

Financial Aid Information Request Form

Please print

To protect the privacy of the student, this form must be completed in order to request a copy of ANY information obtained in the Methodist University (MU) Office of Financial Aid file.

Complete each section of this form. You must present valid photo identification to the financial aid representative along with this request form when requesting copies from your MU Office of Financial Aid file. The information may take 24-48 hrs to process. If you are unable to request information in person, complete this form and have it notarized. You may either mail this form to the MU Office of Financial Aid at 5400 Ramsey Street, Fayetteville, NC 28311 or fax it to the MU Office of Financial Aid at (910) 630-7285.

Last Name _____ First Name _____ MI: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: (_____) _____ - _____

For identification purposes:

Date of Birth: ____/____/____ (mm/dd/year)

MU ID Number: «AltId» **OR** Last Four of Social Security Number: XXX-XX-_____ (optional)

Check one of the following:

I would like to obtain copies of the following document(s) from the MU Office of Financial Aid file:

I would like to authorize a representative to access/ obtain information from the MU Office of Financial Aid file:

List the full legal name of the individual. The representative will be required to show valid photo identification in order to view your file.

Name of representative: _____

I verify that the above information is correct and that I am the requesting individual (student or parent) requesting the information from the MU Office of Financial Aid file.

Signature: _____ Date: ____/____/____ (mm/dd/year)

PLEASE NOTE: Students may not obtain copies of information consisting of parent's financial information without parent consent. The parent must fill out this form and have it notarized by a notary verifying the parent's identification. Also, parents of dependent students or independent students must have written consent for joint documentation submitted to MU. A separate form must be completed for all parties involved and be notarized by a notary verifying identification.

Complete Notary section if unable to request information in person:

State _____ County of _____

On this, ____ day of _____, 20____, before me a notary public, the undersigned, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

SEAL

Notary Public Signature: _____

Office Use:

Type of photo ID presented: _____

MU Office of Fin Aid Counselor Signature: _____ Date: ____/____/____ (mm/dd/year)