



Financial Consent

Must be completed before beginning of first semester of attendance. Student may not register or begin classes until this form is completed and on file in the Accounting & Finance Office.

ACCOUNTING & FINANCE OFFICE/ MOUNT ST. MARY'S UNIVERSITY / EMMITSBURG, MARYLAND 21727
301-447-5353 / 301-447-5867 FAX / ACCTSREC@MSMARY.EDU

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records, both financial and academic. For the student's protection, FERPA prohibits the release of student record information without the student's explicit written consent, subject to certain exceptions.

I understand that all personally identifiable information concerning my financial and academic record is protected under FERPA. I further understand that I may waive that protection and give access to my records to individuals of my choice. I understand Mount St. Mary's University requires a parent/guardian to accept the full responsibility for the payment of my account. This release allows the below named individuals to access my records related to financial information from the Accounting & Finance Office.

Parental/Guardian Billing Information- (Only names listed below will have access to student information)

Students Last Name (Please Print)	First	Middle	Social Security Number
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Father's Last Name	First Name	(and/or)	Mother's Last Name	First Name	(Optional)	Guardian's Last Name	First Name
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Bills should be sent to - Please Provide Name and Address below:

Parent(s) and/or Guardian Name

Billing Street Address	City	State	Zip
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If a duplicate bill is requested - Please list below:

Name and Address

I, (we), the undersigned, hereby agree to accept full responsibility for the payment of all costs of attending Mount St. Mary's University for the above named student.

Authorized Signature Parent/Guardian (Required)	Cell Phone Number	Email Address	Date
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Authorized Signature Parent/Guardian (Required)	Cell Phone Number	Email Address	Date
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STUDENT CONSENT

I hereby give written consent under FERPA and allow the above named person(s) to access information related to my financial records. I acknowledge that this written consent is valid as long as I am a student at Mount St. Mary's University. By signing this consent, I authorize Mount St. Mary's University to release all information relating to my financial record to the person(s) listed above. I understand that I can revoke this release at any time by notifying the Accounting & Finance Office in writing.

Student Signature (Required)	Cell Phone Number	Date
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