



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Missouri Department of Higher Education and Workforce Development (MDHEWD) and any of its agents to provide information or records pertinent to my state or federal student financial assistance to the person or persons listed below.

Name 1: _____

Name 2: _____

Borrower's Signature: _____ Date: _____

Borrower's Social Security number: _____