



Murray State University (MSU) AUTHORIZATION FORM

Name _____ MSU ID _____

Disclosure statement

I authorize MSU to disclose my financial aid and student account information only to the following individual(s) I have listed below:

Name: _____ Relation to Student: _____

Name: _____ Relation to Student: _____

Name: _____ Relation to Student: _____

I have read and understood the information contained in this Authorization Form, and agree it is accurate and complete.

Please sign and submit this form to the MSU Office of Student Financial Assistance.

Signature

Date