

SRPMIC-Higher Education Program Participants:

Edu tha agr	ucation program. This includes but is not limit it are applied toward the SRP-MIC Higher Edu	on funding received in addition to what is provided by the Higher ted to grants, scholarships, tuition reimbursement or other monies ucation program participant's tuition. By signing below you are ans or tuition reimbursements received for the
l,		understand that I am required to disclose additional grants,
sch Edu abi "To	nolarships or tuition reimbursements for whic ucation department or my advisor. I attest tha lity in accordance with Article 11, Section III (th I may apply outside of what is provided by the SRPMIC-Higher at I will remain in compliance with this policy to the best of my L), it is the policy of the Higher Education department, false documentation or intentional omission of relevant information
Student Name:		Student ID #:
Col	llege/University:	
A.	By signing below, I hereby grant permission for the release of confidential information to the SRP-MIC Higher Education Department and its affiliates. I also understand that this release is only valid for the duration of my enrollment, following the date signed.	
	• Grades	Room and Board
	 Transcripts 	• Attendance
	 Mid-Term/Progress Report 	 Advising
	• Financial Need Analysis Itemization	
В.	Upon their request, please release the follo Department and its affiliates.	owing confidential information to the SRP-MIC Higher Education
	• Grades	Room and Board
	Transcripts	Attendance
	Mid-Term/Progress Report	Advising
	• Financial Need Analysis Itemization	Written (reports/emails/fax)
C.	I understand that the following information may be requested and therefore provided to the SRP-MIC Higher Education Department, its Scholarship and Financial Aid Office, and its affiliates.	
- S	ignature	