



**GREAT FALLS
COLLEGE**

**MONTANA STATE
UNIVERSITY**

Office of the Registrar

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Authorization to Release Information

Name: _____ ID: _____

Address: _____

City: _____ ST: _____ Zip Code: _____

Phone: _____ Email: _____

I do hereby authorize:

Name/Title: _____

At Great Falls College MSU; 2100 16th Ave South; Great Falls, MT 59405

To discuss and/or release the following information:

- Grades Enrollment Attendance Class Participation
 Financial Aid Information Billing and Payments Academic History
 Other Information: Please explain in detail _____

I would like the information released to:

Name/Title: _____

Business/Agency: _____

Address: _____

City: _____ ST: _____ Zip Code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Authorization Expiration Date: _____

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