



Financial Aid Office
406-447-6916
SSI Fax Number: 406-441-1065

The purpose of this form is to implement the Family Educational Rights and Privacy Act (FERPA) at **Helena College University of Montana** while continuing to assist students in getting their Financial Aid package. This form is to provide the student a means for authorizing the Social Security Office to provide personal information for the student's file and verification of taxed and non-taxed income.

Student Name:

Student ID Number:

SSI Recipient Information:

I (printed name), _____,

SSN _____, authorize Social Security Office to provide supplemental income for the 2019 calendar year on my behalf.

Date _____

Recipient Signature _____

Social Security Information:

Total SSI income for the 2019 year is: \$ _____

Date _____

Signature of Social Security Office designee:

Name

Title