



MOUNT ST. MARY'S UNIVERSITY

OFFICE OF ADMISSIONS / MOUNT ST. MARY'S UNIVERSITY / EMMITSBURG, MARYLAND 21727
800-448-4347 / 301-447-5214 / 301-447-5860 FAX / ADMISSIONS@MSMARY.EDU / WWW.MSMARY.EDU

CONGRATULATIONS ON YOUR ACCEPTANCE TO MOUNT ST. MARY'S UNIVERSITY

Please complete the appropriate information on this form to confirm your enrollment decision. You should consult your acceptance letter for the date your enrollment decision and enrollment deposit is required. *Please return this form with your enrollment deposit fee to: Admissions Office, Mount St. Mary's University, Emmitsburg, Maryland 21727 or fax to 301-447-5860*

I INTEND TO ENROLL AT MOUNT ST. MARY'S UNIVERSITY

My housing status will be: University Housing Commuter Off Campus

ONLY COMPLETE IF YOU ARE PLANNING ON ATTENDING MOUNT ST. MARY'S UNIVERSITY			
The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records, both financial and academic. For the student's protection, FERPA prohibits the release of student record information without the student's explicit written consent, subject to certain exceptions.			
I understand that all personally identifiable information concerning my financial and academic record is protected under FERPA. I further understand that I may waive that protection and give access to my records to individuals of my choice. This release allows the below named individuals to access my records related to financial information from the Accounting & Finance Office.			
PARENTAL BILLING INFORMATION			
STUDENTS LAST NAME (PLEASE PRINT)	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
FATHER'S LAST NAME	FATHER'S FIRST NAME (AND/OR)	MOTHER'S LAST NAME	MOTHER'S FIRST NAME (OR) GUARDIAN'S LAST NAME/FIRST NAME (OPTIONAL)
PARENT/GUARDIAN - BILL SHOULD BE SENT TO			
BILLING STREET ADDRESS	CITY	STATE	ZIP
DUPLICATE BILLING NAME(COMPLETE ONLY IF DUPLICATE BILL IS NEEDED)			
DUPLICATE STREET ADDRESS	CITY	STATE	ZIP
I (we), the undersigned, hereby agree to accept full responsibility for the payment of all costs of attending Mount St. Mary's University for the above named student.			
AUTHORIZED SIGNATURE PARENT/GUARDIAN (REQUIRED)	CELL PHONE NUMBER	EMAIL ADDRESS	DATE
AUTHORIZED SIGNATURE PARENT/GUARDIAN	CELL PHONE NUMBER	EMAIL ADDRESS	DATE
STUDENT CONSENT			
I hereby give written consent under FERPA and allow the above named person(s) to access information related to my financial records. I acknowledge that this written consent is valid as long as I am a student at Mount St. Mary's University. By signing this consent, I authorize Mount St. Mary's University to release all information relating to my financial record to the person(s) listed above. I understand that I can revoke this release at any time by notifying the Accounting & Financial Affairs Office in writing.			
STUDENT SIGNATURE (REQUIRED)	CELL PHONE NUMBER	DATE	

IF NOT ATTENDING MOUNT ST. MARY'S, WHAT COLLEGE/UNIVERSITY WILL YOU ATTEND?
