

**2025-2026 MILTON HERSHEY
SCHOOL RELEASE FORM**

STUDENT INFORMATION SECTION – To be completed by the student. Please print clearly.

Student Name: _____ College Name: _____

MHS Class: _____ Student Email: _____ Student Phone: _____ College ID: _____

I give written consent to full academic access, non-academic access, and staff contact, at the college named above, to release details regarding my financial aid eligibility, student accounts, academic transcripts, and degree audit to Milton Hershey School staff for the purposes of determining my scholarship eligibility. This includes but is not limited to: Admissions, Financial Aid, Student Accounts, Registrar's Office, Student Success, Academic Advising, Housing.

Student Signature: _____ Date: _____

FINANCIAL AID OFFICE SECTION – To be completed by the Financial Aid Officer. INSTRUCTIONS: Complete this form AFTER the student's educational costs are finalized and verification (if applicable) is complete. Return by email or fax to MHS.

Academic year start and end dates: ____/____/____ to ____/____/____

FAFSA Completion Date: ____/____/____ SAI: _____ Student's scheduled PELL award: _____

Housing Status : ☐ On Campus ☐ Off Campus ☐ Commuter

Number of Terms in **Budget** listed below: ☐ 1 ☐ 2 ☐ 3 Number of credits student enrolled in for current term: _____

Full Time Standard Costs (DO NOT include late fees, fines, health insurance, etc.)	COSTS	TOTAL GIFT AID FOR BUDGET TERMS (DO NOT include loans or work-study)	AMOUNT	Bill Due Dates for Budget terms:
Tuition & Fees	\$	State Grant, Pell, SEOG, Scholarships and Institutional Awards.	\$	Fall/1 st Quarter/Tri: ____/____/____
Room (2 person, double)	\$	Maximum MHS Scholarship amount student can receive without jeopardizing current gift aid.	\$	Winter/2 nd Quarter/Tri: ____/____/____
Meal Plan (15-19 meals)	\$			Spring/3 rd Quarter/Tri: ____/____/____
TOTAL	\$			

Lost Gift Aid/Gift Aid less than last year? If YES, provide the amount and reason (Grades, missed deadline, EFC higher, Verification, etc.)

\$_____ Reason lost: _____

Name of FAO: _____ Title: _____ Phone #: _____

Signature: _____ Date: ____/____/____ Email: _____

CES OFFICE USE	REVISION