

FOR OFFICE USE ONLY		
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MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

RELEASE OF INFORMATION

If you make any corrections, white outs, or alterations to any of your information on this form, you MUST initial next to it.

The F.E.R.P.A law of 1974 indicates that no one outside the institution shall have access to students' education records nor will the institution disclose any information from those records without the written consent of the student.

I grant Sam Houston State representatives permission to speak to the individual(s) named below on my behalf.

NAME

ADDRESS:

CITY/STATE/ZIP CODE to discuss my financial aid application file, Satisfactory Academic Progress (SAP), and student financial account informative-named individual(s). Proper identification must be provided when inquiring about my account. Proper identification can include a state issued license, st ation, social security card, or other pertinent information. This consent form will remain in effect until revoked in writing.

If submitting this form other than in person (via fax, mail, or email), a copy of the students Driver's License is required.

WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both. Each person signing below certifies that all of the information is complete and correct.

Student	Signature:
Student	Signatares

Date:

Return completed form to: Financial Aid and Scholarships Office Email: PDF from SHSU Email to fadocuments@shsu.edu Mail: Box 2328, Huntsville TX 77341-2328