



NMSU DACC  
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## Consent for Release of Information Authorization Form

Student: \_\_\_\_\_ Banner ID: \_\_\_\_\_  

LAST
FIRST
MI

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

In accordance with the Federal Family Educational Rights and Privacy Act (FERPA) as well as regulations enforced by the federal government, New Mexico State University (NMSU), seeks to assure the highest levels of confidentiality regarding student records and information.

**As a student, you are only allowed to request for financial aid information to be released to a third party as long as it is being used to award federal, state, or institutional aid.**

Financial Aid information may be released to the following persons:		
Name	Title & Organization	Email & Phone Number
Name	Title & Organization	Email & Phone Number

Information to be released:

- |  |   |
|--|---|
| <input type="checkbox"/> Grants<br><input type="checkbox"/> Satisfactory Academic Progress (SAP)/Eligibility<br><input type="checkbox"/> Document Requirements<br><input type="checkbox"/> Award Adjustments | <input type="checkbox"/> Student Loans<br><input type="checkbox"/> Scholarships<br><input type="checkbox"/> Award Disbursements<br><input type="checkbox"/> All Financial Aid Information |
|--|---|

### Authorization and Signing to Release Information

I, \_\_\_\_\_, a student at New Mexico State University, understand that by signing this document, I am giving written authorization, as required under 20 U.S.C. § 1232g (the Federal Family Education Rights and Privacy Act), and any similar state or federal law, for the Office of Student Financial Aid and Scholarship Services to release appropriate information to the designated third party listed above.

By signing, I understand that if I wish to revoke this consent, I agree to contact my campus' financial aid office immediately. I also understand that it is my responsibility to renew this authorization at the beginning of each school year.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Financial Aid Use Only:**       Advisor Review       RHACOMM

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_