

Sam Houston State University
Financial Aid and Scholarships Office
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.

Student Name (blue or black ink only): _____ SAM ID: _____

Contact Phone: _____ SHSU Email: _____

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

NAME: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

SOCIAL SECURITY NUMBER (last 4 digits) _____

RELATIONSHIP TO STUDENT: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

SOCIAL SECURITY NUMBER (last 4 digits) _____

RELATIONSHIP TO STUDENT: _____

Certification:

University representatives have my consent to discuss my financial aid application file, Satisfactory Academic Progress (SAP), and student financial account information with the above named individual(s). Proper identification must be provided when inquiring about my account. Proper identification can include a state issued license, state identification, 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.*****

Student Signature

Date