



University Financial Aid & Scholarship Services
 MSC 5100
 New Mexico State University
 P.O. Box 30001
 Las Cruces, NM 88003-8001
 financialaid@nmsu.edu

Consent to Release Information to Scholarship Donors

Last Name:	First Name:	Middle Initial:	Aggie ID:
NMSU Email:	Phone Number:	Semester/Academic Year:	

In accordance with the Federal Family Educational Rights and Privacy Act (FERPA), New Mexico State University seeks to assure the highest levels of confidentiality regarding student records and information. Student information will not be disclosed to a third party without the written consent of the student, unless otherwise directed by law.

Authorization to Release Information

I, _____, a student at New Mexico State University, hereby provide written authorization, as required under 20 U.S.C. § 1232g (the Federal Family Education Rights and Privacy Act), and any similar state law, for University Financial Aid and Scholarships Services to release appropriate information to the designated third party listed below.

<input type="checkbox"/> Tribal Agency	<input type="checkbox"/> Private Donor	<input type="checkbox"/> NMSU Department Award
Name	Name	Name
Address	Address	Address
Phone	Phone	Phone
Fax	Fax	Fax
Email	Email	Email

Information to be released:

- | | |
|---|--|
| <input type="checkbox"/> Enrollment Information | <input type="checkbox"/> Federal/State Aid |
| <input type="checkbox"/> Satisfactory Academic Progress | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> FAFSA Application Requirements | <input type="checkbox"/> Award Disbursements |
| <input type="checkbox"/> Needs Analysis | <input type="checkbox"/> All Financial Aid/Scholarship Information |

If you wish to revoke this consent, I agree to contact NMSU Financial Aid and Scholarship Services immediately. Furthermore, I understand that this authorization must be renewed at the beginning of each school year.

Print Student Name _____ Student Signature _____ Date _____