



Student Authorization to Release Information

Student Financial Aid and Scholarship Phone: (775) 784-4666 Fax: (775) 784-1025 Address: Mailstop 0076 – Reno, NV 89557

The University does not allow access to, or the release of, educational records or other personally identifiable information without written consent of the student. (Exception: the University must disclose information to students requesting review of their own records and to authorized government official or agencies for audit and evaluation of state and federally funded programs as stated in the Federal Education Right to Privacy Act.) This form is for the 2013-2014 academic year awarding.

Student Name: _____ Student ID: _____

Phone: (_____) _____ - _____ E-Mail Address: _____

Check the one that applies:

- Dependent: If you are a dependent student as defined by federal financial aid definitions, we will only disclose information to your "parent of record". Your "parent of record" is the parent(s) whose information is on your FAFSA.
- Independent: If you are an independent student by federal financial aid definitions, we will only disclose your information to you and the person whom you list below.

By signing below and supplying confidential information as an identifier, I authorize the University of Nevada, Reno to release information from my University records to the following person:

Name: _____

Relationship to Student: _____ Month and Day of birth (MMDD) _____

This authorization applies to all information regarding my (check all that apply):

- Financial Aid and Scholarships
- Cashier's/Student Accounts
- Admissions and Records

This authorization is in effect until the end of the academic year during which it was issued or I request in writing that it be rescinded, whichever comes first. In the event information is released in error, the undersigned agrees to hold the University of Nevada, Reno harmless for damages.

PLEASE READ BEFORE SIGNING. This form must be signed: 1) in the presence of a staff member -or- 2) if mailing this form, it must be signed in the presence of a Notary Public. You must submit the original document – faxes or copies will not be accepted.

Student's Signature: _____ Date: _____

Subscribed and sworn to me: This _____ day of _____, 20___. Dated this _____ day of _____, 20__.

Notary Public: _____ Student Signature _____

Office Use Only:

UNR Staff Signature _____ Date _____

Student SSN _____ SIS date _____ Initials _____