



Student Authorization to Release Information

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.)

Student Information:

Name _____ NSHE 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 record" is the parent(s) whose information is on your FAFSA.
- 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.

Authorized Person Information:

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 _____

Phone () _____ Pass Phrase _____

This authorization applies to all information regarding my (check one or both):

- 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is in effect until the end of the academic year during which it was issued or I request in writing that it be rescinded, whichever comes first.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 _____

For Office Use Only Approved Denied
Evaluator _____ Date _____