



Sam Houston State University
Financial Aid and Scholarships Office
 MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

RELEASE OF INFORMATION

SB
[Signature]

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): Sammy Bearkat **Student** SAM ID: 00012345
 Contact Phone: 936-123-4567 SHSU Email: swb001@shsu.edu

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

NAME: Samuel Bearkat
 ADDRESS: 421 Sam Houston Ave.
 CITY/STATE/ZIP CODE: Houston, TX 77201
 SOCIAL SECURITY NUMBER (last 4 digits) XXX-XX-1234
 RELATIONSHIP TO STUDENT: Father

NAME: Samantha Bearkat
 ADDRESS: 421 Sam Houston Ave.
 CITY/STATE/ZIP CODE: Houston, TX 77201
 SOCIAL SECURITY NUMBER (last 4 digits) XXX-XX-5678
 RELATIONSHIP TO STUDENT: Mother

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 *[Arrow pointing to signature]*

Sammy Bearkat
 Student Signature

08/01/2021
 Date

Return completed form to: Financial Aid and Scholarships Office
 Email: PDF from SHSU Email to fadocuments@shsu.edu • Fax: 936.294.3668 • Mail: Box 2328, Huntsville TX 77341-2328