



Sam Houston State University

A Member of the Texas State University System

RELEASE OF INFORMATION

Complete and return to:

Financial Aid & Scholarships Office
Box 2328
Huntsville, TX 77341-2328
936.294.1774 office
936.294.3668 fax

Student Name (blue/black ink only) _____ SAM ID _____

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

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER (last 4 digits) _____

RELATIONSHIP TO STUDENT _____

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER (last 4 digits) _____

RELATIONSHIP TO STUDENT _____

Certification:

University representatives have my consent 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.

Student Signature

Date