



Sam Houston State University

A Member of the Texas State University System

2011-2012

RELEASE OF INFORMATION

Complete and return to:

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

Student Name: _____ SAM ID: _____

I grant the Sam Houston State University Financial Aid and Scholarships Office permission to speak to the individual(s) named below regarding my financial aid application file and/or Satisfactory Academic Progress (SAP) at Sam Houston State University. The individual(s) named below must be prepared to show proper identification when inquiring about my account. Proper identification could include a valid driver's license or state-issued identification card, copy of social security card, or other pertinent information.

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

This consent form will remain in effect until revoked in writing.

Student Signature Date