



Financial Aid and Scholarships

RELEASE OF INFORMATION

FOR OFFICE USE ONLY

Sam ID: _____

Aid Year: _____

Form: ROIF

Code/Initial: _____

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): _____ SAM ID: _____

Contact Phone: _____ SHSU Email: _____

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

NAME _____

ADDRESS: _____

CITY/STATE/ZIP CODE _____

SOCIAL SECURITY NUMBER (last 4 digits) _____

RELATIONSHIP TO STUDENT: _____

NAME _____

ADDRESS: _____

CITY/STATE/ZIP CODE _____

SOCIAL SECURITY NUMBER (last 4 digits) _____

RELATIONSHIP TO STUDENT: _____

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.*****

WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both. Each person signing below certifies that all of the information is complete and correct.

Student Signature: _____ Date: _____

Return completed form to: Financial Aid and Scholarships Office

Email: PDF from SHSU Email to fadocuments@shsu.edu

Mail: Box 2328, Huntsville TX 77341-2328