

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

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Sam ID:
Aid Year:
Form: ROIF
Code/Initial:

RELEASE OF INFORMATION

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 instituti disclose any information from those records without the written cor	on shall have access to students' education records nor will the institution is not the student.
Student Name (blue or black ink only):	SAM ID:
Contact Phone:	SHSU Email:
I grant Sam Houston State representatives permission to speak to the indiv	idual(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:	
the above-named individual(s). Proper identification must be provided when incidentification, social security card, or other pertinent information. This consent for the submitting this form other than students Driv	n file, Satisfactory Academic Progress (SAP), and student financial account information with juiring about my account. Proper identification can include a state issued license, state form will remain in effect until revoked in writing. In in person (via fax, mail, or email), a copy of the rer's License is required.*** In including the information of t
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Student Signature:	Date: