



Revised: 1/9/20

Office of Student Financial Aid & Scholarships

Student Release for Third Party Agencies

OFFICE USE ONLY

Student Name: _____ NSHE ID: _____

E-mail: _____ Phone Number: _____

The Office of Student Financial Aid & Scholarships is required to receive written authorization from you, the student, before we can complete requests for financial information from any third party.

Please provide the requested information below, sign, and return this form to our office. Your request will be completed and mailed to the agency within ten business days of the date of receipt of this authorization.

SECTION 1: THIRD PARTY INFORMATION

1. Name of Third Party Agency or Organization: _____

2. Enter the third party's complete mailing address.

Street Name & Number: _____

Apartment #: _____ City: _____ State: _____ Zip Code: _____

SECTION 2: STUDENT CERTIFICATION

I hereby give the Office of Student Financial Aid & Scholarships at the University of Nevada, Reno permission to release the data requested for the purpose of obtaining a scholarship, grant, or other assistance. I understand that this release is good only for the agency stated above and for only the current academic year. I will be required to submit another student release form in a subsequent year.

Student Signature: _____ **Date:** _____

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