

UNIVERSITY OF NEW MEXICO  
OFFICE OF STUDENT FINANCIAL AID  
FINANCIAL AID RECORDS RELEASE FORM

<b>Student's Name</b>	<b>UNM ID No.</b>	<b>Telephone No./Email Address</b>

I, \_\_\_\_\_, hereby give my consent to the Office of Student Financial Aid to release records and information regarding my financial aid at the University of New Mexico to the person listed below. The person has access to my information for the \_\_\_\_\_ academic year. I understand this release cannot exceed one academic year in length.

The person listed below may have any information they request regarding: (Please check all that apply.)

The status of my financial aid file

My financial aid awards

All documentation in my file

Other (must be specified below):


The information checked in the box(es) above may be released to:

<b>Printed Name</b>	<b>Relationship to Student</b>

<b>Student's Signature</b>	<b>Date Signed</b>

**STUDENT:** If you do not present this document in person to the Office of Student Financial Aid, and show picture identification, this form **MUST BE NOTARIZED** in the box below:

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The University of New Mexico is an Equal Opportunity/Affirmative Action institution. Pursuant to the Americans with Disabilities Act, if you require this information in alternative format or have special needs, please contact the Office of Student Financial Aid for assistance.

**For Office Use Only:**

Received by:	Date:
Picture ID type:	ID Number: