

The National Hispanic University
Student Information Release Authorization

Students: If you would like a spouse/family member/friend to have access to your financial aid information, please complete all items below and return this authorization form to the Office of Financial Aid.

Student Information							
Name (last, first, middle initial)		Social Security Number		Phone Number			
Street Address		City		State		Zip Code	
Spouse/Family Member/Friend must give the student's date of birth when calling the Office of Financial Aid					Date of Birth		
Spouse/Family Member/Friend Information:							
Name			Street Address				
City		State		Zip Code		Phone Number	
Release Authorization							
<p>I hereby authorize the Office of Financial Aid at The National Hispanic University to release information pertaining to my financial aid to the individual named above, in person or via telephone. I understand I must complete this form every academic year.</p>							
Student signature					Date		
Spouse signature (independent student only)					Date		
Parent signature (dependent student only)					Date		

Rev 02/09

POSTING AND PROCESSING OF THIS DOCUMENT BY THE NATIONAL HISPANIC UNIVERSITY'S OFFICE OF FINANCIAL AID WILL TAKE 3-5 BUSINESS DAYS

Office of Financial Aid • 14271 Story Road • San Jose CA 95127
 Phone 408-254-6900
 Fax 408-254-1369