



Financial Aid and Scholarships
J. C. Kellam, Suite 240
601 University Drive
San Marcos, Texas 78666
Or Fax to: 512-245-2315

Release of Student Financial Aid Information Form

Dear Financial Aid and Scholarships:

I, _____, Texas State ID _____, give Financial Aid and Scholarships at Texas State University-San Marcos permission to release all of my financial aid information to the below named individual until I rescind this permission in writing.

Granting a Third Party Access to My Financial Aid Information
Via telephone, _____
First Name (of third party) Last Name (of third party)
will identify him/herself with the password [] [] [] [] [] [] [] []

Be sure that you (the student) give the password to the person to whom you are granting access to your financial aid information. If the person specified above cannot remember his or her password, Financial Aid and Scholarships will be unable to release any of your student-specific information to that individual.

By signing this authorization, I am waiving my rights of nondisclosure of my financial aid records under the Family Educational Rights and Privacy Act (FERPA) to the person or entity specifically listed herein. I hereby release and hold Texas State University-San Marcos harmless from any and all claims and liabilities that may arise from my instructions, including unauthorized viewing of my financial aid information by unintended recipients of mail or fax transmissions. This executed Release of Student Financial Aid Information Form will be retained in my financial aid records and will be effective until I notify Texas State University-San Marcos, in writing, of a change.

Student Signature

Date