



2024-2025 Release of Information Form

STUDENT NAME:	NSHE ID:
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Part A. Type(s) of form(s) submitted

Scholarship or Tribal Form
 Welfare Form
 Housing Form
 Other _____

Part B. Semester(s) for which information is requested

I authorize CSN Financial Aid to provide requested information on the attached form for the following semester(s):

Fall 2024
 Spring 2025
 Summer 2025

	<p>_____ I understand that these form(s) will be completed and faxed to the relevant agency in 3 working days from the date this fully completed form and the agency form(s) are received by CSN Financial Aid. I also understand that I can request a copy of these form(s) after 3 working days from this submission.</p>
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Part C. AGENCY CONTACT INFORMATION – Must be completed

The person listed below is authorized to pick up the form on my behalf. *I have granted this person 3rd party access/release through MyCSN or they will bring a signed letter from me (the student) authorizing them to pick up the completed form. I have also advised them that they will need to provide a valid, unexpired government issued photo ID in order to pick up the form. Name of authorized individual:* _____

Name of the individual (if any) to whom the form should be addressed: _____

Agency Name - **required:** _____

Agency Phone Number - **required:** _____

Agent Fax Number - **required:** _____

Mailing Address – only required if returning this form by mail is required:

Part D. Student Certification – By signing below I authorize the College of Southern Nevada to provide information as directed above.

Student Signature	Date
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For Office Use Only. DO NOT write below this line.

Date Processed _____ Processed by: _____