

College of Southern Nevada
Cashiering & Student Accounts
6375 West Charleston Boulevard,
Las Vegas, Nevada 89146

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

The Family Education Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records include financial aid, scholarship and billing/account information, and will not be released without written consent from the student. By signing this form, the student authorizes the College personnel to release confidential information to the person(s) designated in this Authorization.

Student Name: _____

Student ID or SS Number: _____

I authorize the Cashiering & Student Accounts Office at the College of Southern Nevada, Las Vegas to discuss confidential account information for the purposes of understanding and meeting College related financial obligation with me (the student) as well as the person(s) listed on this form.

I understand that the person(s) listed on this form will have access via telephone, in person or mail to information that may include the following:

- My financial aid and scholarship records as well as award types and amounts. This information will not include specific parental income or asset information.
- My College tuition billing account and statements, including credits and debits posted to that account and any refund amounts that I may have received.

This authorization form does not allow the College to release specific academic information. Requests to release academic information will be handled by the Registrar's Office.

Name(s) of people to release information to: (Please print)

This authorization will remain in effect until revoked in writing by the student.

Student Signature _____ Date _____