



2022-2023 Release of Information Form

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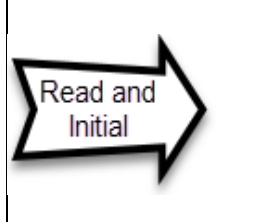
Part A. Type(s) of form(s) submitted

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 2022
 Spring 2023
 Summer 2023



_____ 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.

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 _____

For Office Use Only. DO NOT write below this line.

Date Processed _____ Processed by: _____