


<b>STUDENT NAME:</b>	<b>NSHE ID:</b>
<b>Part A. Type(s) of form(s) submitted</b>	
<input type="checkbox"/> Scholarship or Tribal Form <input type="checkbox"/> Welfare Form <input type="checkbox"/> Housing Form <input type="checkbox"/> Other _____	
<b>Part B. Semester(s) for which information is requested</b>	
I authorize CSN Financial Aid to provide requested information on the attached form for the following semester(s): <input type="checkbox"/> Fall 2020 <input type="checkbox"/> Spring 2021 <input type="checkbox"/> Summer 2021	
	_____ I understand that these form(s) will be <b>completed and faxed to the relevant agency in 3 working days</b> 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.
<b>Part C. AGENCY CONTACT INFORMATION – Must be completed</b>	
<input type="checkbox"/> The person listed below is authorized to pick up the form on my behalf. <i>I have granted this person 3<sup>rd</sup> 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 <u>valid, unexpired government issued photo ID</u> in order to pick up the form. Name of authorized individual: _____</i>	
Name of the individual (if any) to whom the form should be addressed: _____ Agency Name - <b>required:</b> _____ Agency Phone Number - <b>required:</b> _____ Agent Fax Number - <b>required:</b> _____ Mailing Address – only required if returning this form by mail is required: _____ _____ _____	
<b>Part D. Student Certification – By signing below I authorize the College of Southern Nevada to provide information as directed above.</b>	
_____ Student Signature	_____ Date
<b>For Office Use Only. DO NOT write below this line.</b>	
Date Processed _____                      Processed by: _____	