

MEXICAN SPRINGS CHAPTER

P.O. Box 689, Tohatchi, NM 87325
PH: 505-733-2832 FAX: 505-733-2833

STUDENT FINANCIAL AID

Student Consent to Release Information

Mexican Springs Chapter requires your written authorization to release your confidential information. This requirement is in compliance with 2 N.N.C. § 85 of the Navajo Nation Privacy Act to protect and control the Chapter's collection and dissemination of personal information on individual citizens. The Act does not allow any person(s) to have access to an individual's information without consent, therefore, to authorize release of any information to person(s) other than yourself; you must provide consent in writing.

This form will allow you to designate who will have access to your Student Financial Aid file or records. You can also limit the amount of information we can release to those individuals. Please complete and return the following information to the Mexican Springs Chapter administration office.

Applicant's Name: _____ Social Security No: XXX-XX _____

I authorize the following individual(s) to have access to my Student Financial Aid folder to make inquiries on my behalf regarding my application status and eligibility. (Please Print)

1. _____ Full Access _____ *Limited Access _____
Name of Individual
2. _____ Full Access _____ *Limited Access _____
Name of Individual
3. _____ Full Access _____ *Limited Access _____
Name of Individual

*Limited Access Only – Please specify below what access that individual is limited to:

Applicant's signature: _____ Date: _____
(Not valid without Student Signature)