2013-2014 Authorization to Release Financial Aid Information

SECTION A: STUDENT INFORMATION	
Name:	**UNTHSC Assigned ID:**
Telephone (include area code):	**Email:**

SECTION B: AUTHORIZED CONTACT

I authorize the University of North Texas Health Science Center at Fort Worth (UNTHSC) to obtain and release financial aid information to the individual(s) listed below. This information may include the amount and type of financial aid the student currently has and has obtained in the past, and the Estimated Family Contribution (EFC) as determined by the Free Application for Federal Student Aid (FAFSA).

Full Name _____

Relationship to Student _____

Contact Information _____

Required Data to Confirm Identity (date of birth or driver's license) _____

Full Name _____

Relationship to Student _____

Contact Information _____

Required Data to Confirm Identity (date of birth or driver's license) _____

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to UNTHSC, but that any such revocation shall not affect disclosures previously made by UNTHSC prior to the receipt of any such written revocation. I understand the information released pursuant to this authorization may no longer be protected by law or regulation and may be re-disclosed by the recipient. This authorization remains in effect as long as the student is enrolled at or in a medical residency program affiliated with the University of North Texas Health Science Center at Fort Worth, unless revoked on an earlier date by the student providing a signed, written notice of such revocation.

_____

Signature Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALILTY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATION