



RELEASE OF CONFIDENTIAL PERSONAL INFORMATION AUTHORIZATION

I _____ authorize _____ to contact
Student's Name (print clearly) Name of the Person to be authorized

the National Student Clearing House regarding my previous, current, or future enrollment and/or attendance at any College or University or other relevant education program I have attended. I understand that any information released by The Salt River Higher Education Program will include the following:

- Personal information including: address, telephone number, email address, and date of birth
- Social Security number
- Any other information in the possession of the Salt River Higher Education Program and associated with my participation in the student financial assistance program.

I hereby authorize the release of information to the Salt River Higher Education Program in any form requested by the organization; this includes verbal (in person and/or by phone), written, or in electronic form. I understand that this authorization **will remain in effect** until I formally revoke said authorization in writing.

I am aware that if in the future should I choose to revoke this authorization, except to the extent that action has been taken, I must do so in writing and send the written signed and dated document to:

Rebeca Ronstadt-Contreras
Higher Education Administrator
Salt River Higher Education Program
10,005 E. Osborn Rd.
Scottsdale, AZ 85256

Student's Printed Name: _____

Student's Signature: _____ Date: _____

Student's Social Security Number: _____ - _____ - _____

Parent/Guardian Printed Name: _____
(Only required, if the student is under the age of 18)

Parent/Guardian Signature: _____ Date _____
(Only required, if the student is under the age of 18)