New Mexico Highlands University
Student Information Release Proxy
Must be presented at The Office of the Registrar
Rodgers Administration Building Room 201

I, _____, hereby give consent to New Mexico Highlands University to release records and other information covered by the Family Rights and Privacy Act of 1974 (FERPA). I understand that by signing this form my records and financial information can be released without my knowledge to the individuals listed below. This release may not exceed one academic year.

_____	_____	__20_____/__20_____
Student Signature	NMHU Banner ID #	Academic Year

The person(s) listed below has access to records and information maintained by the Offices selected below:

- ☐ Office of the Registrar – Academic Information
- ☐ Business Office – Student Account Information
- ☐ Housing Office – Account and Assignment Information
- ☐ Financial Aid Office – Status of File, Documentation in File, and Financial Aid Awards
- ☐ Vice President of Student Affairs – FERPA Authorized Disciplinary Information (only to be addressed by the Vice President of Student Affairs office or designee)

The information maintained by the selected Offices may be released to the following person(s):

_____	_____
Printed Name	Relationship to Student
_____	_____
Printed Name	Relationship to Student

If this form is not presented in person to the Office of the Registrar at NMHU, with a valid state or federally issued picture ID, this form MUST NOTARIZED in the space below.

For Official Use Only
Received by:_____

Type of ID:_____

Date:_____

Entered by:_____

Disclaimer: This release shall remain in effect until revoked by me, in writing, and delivered to the Office of the Registrar, but that any such revocation shall not affect disclosures made by New Mexico Highlands University prior to the receipt of any such written revocation.