NEW MEXICO HIGHLANDS UNIVERSITY®

Student Information Release Proxy

Permission to Release NON-EDUCATIONAL Records

This document must be presented at The Office of Accessibility Services

Felix Martinez Building, Room 110

I, _____, hereby give consent to New Mexico Highlands University to release non-educational records, i.e. medical, health, etc. This release may not exceed one academic year.

_____	_____	___20_____ / ___20_____
Student Signature	**NMHU Banner ID #**	**Academic Year**

I, the undersigned, herby authorize New Mexico Highlands University to release the following non-educational records and/or information, i.e. medical, health. ect....

_____

_____

_____

_____

These records should be released to the following person/agency, i.e. VP of Student Affairs, Campus Security, hospitals or clinics, city or state police, or any other medical emergency staff:

_____

_____

_____

_____

These records are being released for the purpose of:

_____

_____

_____

_____

I understand that (1.) I have the right not to consent to the release of my non-educational records; (2.) I have the right to receive a copy of the records disclosed upon request; and, (3.) that this consent shall remain in effect until revoked by me, in writing, and delivered to the Office of Accessibility Services, but that any such revocation shall not affect disclosures made by New Mexico Highlands University prior to the receipt of any such written revocation.

_____	_____
Student's Signature	Date
_____	_____
Signature of Parent (required only if student is under 18)	Date