Information Release Form
Office of Financial Aid and Scholarships
P.O. Box 3011 Commerce, Texas Phone: 903.886.5096 Fax: 903.886.5098
FAO.Web@tamuc.edu

STUDENT’S NAME ___________________________________________ CWID __________

(PL 93-5795; USC 552a: 88 Stat. 1896)
The Privacy Act 1974 limits the making of such records available to other public and private agencies or parties and requires agencies to make records on individuals available to them upon request, subject to certain conditions and exclusions.

I authorize the Office of Financial and Scholarships at Texas A&M University-Commerce to release my financial aid information including but not limited to my academic/financial aid status, awards, disbursements and other information as requested by the individual(s) listed below. I understand the information exchange may involve discussion of aspects of my financial aid file pertaining to my present situation. The individuals listed below are authorized to receive and/or discuss financial aid information with the A&M-Commerce Office of Financial Aid and Scholarships. As a security precaution, authorized individuals listed above may be asked to verify certain personal information relative to the above named student when calling

Name of Authorized Person Relationship to Student
_________________________________________ __________________________
_________________________________________ __________________________
_________________________________________ __________________________

I ___________________________ am waiving my rights to privacy as outlined under the
Print student’s name clearly Privacy Act of 1974, as amended, with regard to my financial aid information at A&M-Commerce. I understand my right to privacy according to the Privacy Act of 1974. I understand it is my responsibility to notify the Office of Financial Aid and Scholarships in writing if there are any changes to this release.

_________________________________________ Date
Student’s Signature

_________________________________________ Date
Signature of Authorized Individual

_________________________________________ Date
Signature of Authorized Individual

_________________________________________ Date
Signature of Authorized Individual

*After signing this form you can send it as an attachment to FAO.Web@tamuc.edu or fax it to (903) 886- 5098.*