

**CONSENT, AUTHORIZATION AND REQUEST
TO RELEASE AND RECEIVE MY FINANCIAL AID INFORMATION**

1. I, _____ [student's name], whose social security number is _____, hereby consent, authorize, instruct, and request the Financial Aid Office of _____ [name of university/college] to send, transmit, disclose, and release to the Hispanic Association of Colleges and Universities ("HACU") all of the following information and/or records:

- A. Any and all applications for financial aid, along with all information and documents related to or supporting said applications;
- B. All information related to any scholarships, grants, loans, work/study, or other financial assistance I have received, am receiving, or will receive in connection with my attendance at the above university or college.
- C. Any and all information, papers, records or other materials incidental to or related to the items 1 A and B, above.

2. I also hereby consent and authorize the Hispanic Association of Colleges and Universities ("HACU") to receive, evaluate, review, disclose as needed, and otherwise process any and all information, records, documents and other materials referenced in Paragraphs 1A through C, above, for the purpose of HACU's evaluation, consideration, and review of my need, eligibility, or application for HACU related or sponsored scholarships or other financial aid.

3. The consents, authorizations, instructions, and requests herein shall remain in effect until and unless I deliver actual written notice to both HACU and the college/university of my revocation or rescission.

AGREED TO AND SIGNED:

_____ Date: _____

Print your name: _____

City and State in which this document was signed:

_____ [city] _____ [state]