



## Financial Disclosure Authorization

To be completed and signed by the student.

Name \_\_\_\_\_ Banner ID \_\_\_\_\_  
(Please print clearly)

List authorized individuals or companies who you wish to receive your student financial account information. Return completed form to Student Accounts in Fidel, room 231.

Name _____	Name _____
Address _____	Address _____
Phone # _____	Phone # _____

Name _____	Name _____
Address _____	Address _____
Phone # _____	Phone # _____

Name _____	Name _____
Address _____	Address _____
Phone # _____	Phone # _____

Name _____	Name _____
Address _____	Address _____
Phone # _____	Phone # _____

I hereby authorize New Mexico Institute of Mining and Technology to release any and all information concerning my student financial account to the above named individual(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date