



Western Nevada College

FINANCIAL ASSISTANCE OFFICE

AUTHORIZATION TO FAX RECORDS

DATE: _____

I _____, give permission to Western Nevada College, Financial Assistance office staff, to FAX information regarding my educational and/or financial records.

FAX TO: _____
(Name of Agency/Person)

STUDENT SIGNATURE: _____

This authorization will remain in effect until the Financial Assistance Office is notified by student in writing.