UNIVERSITY OF NORTHERN IOWA

MCNAIR SCHOLARS PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

This is to notify you that I am a participant/applicant in/to the McNair Scholars Program and would like for my records in the Admissions and Registrar's Office to indicate this information.

_____

Last Name First Name Middle Name

_____ _____

Social Security Number Student ID Number

I also authorize the University of Northern Iowa's Faculty, the Office of Admissions, Registrar, Financial Aid and the Student Support Services Program to release the following information to the McNair Scholars Program from my records:

Transcript _____ Application Information _____

Mid-Term Evaluation _____ Financial Aid Information _____

Other _____

Please send the requested information to:

McNair Scholars Program
ATTN: Kelli Grammer
007 Innovative Teaching and Technology Center (ITTC)
University of Northern Iowa
Cedar Falls, IA 50614-0388

_____ _____

Signature of Student Date

Funded by a $231,444 grant from the U.S. Department of Education. Over 90% of the total cost of the UNI McNair Scholars Program is federally financed.