

New Mexico Military Institute

101 West College Boulevard

Roswell, NM 88201-5173

Office of the Registrar

Phone (575) 624-8071 ~ Fax (575) 624-8073 ~ Email: registrar@nmmi.edu

PERMISSION RELEASE FORM

Please complete and return the signed form by email/fax or mail to the Office of the Registrar.

Student Information			
Cadet ID:	Cadet Name:	Class:	DOB:
Person Authorized Release			
Prefix:	Name:		
Address:	City:	State:	Zip:
Primary Contact Phone:	Primary Email:	Relationship to student:	
Did this person attend NMMI?			
Release Information			
<input type="checkbox"/> Academic Information			
<input type="checkbox"/> Financial Information			
<input type="checkbox"/> Billing Statement			
<input type="checkbox"/> Academic Reports			
<input type="checkbox"/> Approve academic reports be sent electronically			
I certify I am the parent/legal guardian of the above student and authorize access to the person listed as indicated <u>or</u> I am the student 18 or older.			
Parent/Student (18 or older) Name:			
<i>Signature</i> Parent /Student (18 or older):			Date:
Email:			