



## Pueblo of Isleta - Department of Education

950 Moonlight Dr. SW Albuquerque, NM, 87105

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### THIRD PARTY AUTHORIZATION

#### TO BE COMPLETED BY HEP STUDENT

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Check the type of Third Party Authorization:

**Option (1):** \_\_\_\_ I decline to have third party authorization

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**Option (2):** \_\_\_\_ The following individual(s) will act on my behalf .

This authorization will terminate one year from the date of my signature unless it is revoked or a different expiration date is indicated.

**Effective Dates:** \_\_\_\_ to \_\_\_\_

#### Check items that apply:

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

\_\_\_\_ **Application**

\_\_\_\_ **Supporting Documents**

\_\_\_\_ **Transcripts**

\_\_\_\_ **Financial Aid**

\_\_\_\_ **Admissions**

\_\_\_\_ **Academic Records**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

\_\_\_\_ **Application**

\_\_\_\_ **Supporting Documents**

\_\_\_\_ **Transcripts**

\_\_\_\_ **Financial Aid**

\_\_\_\_ **Admissions**

\_\_\_\_ **Academic Records**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

\_\_\_\_ **Application**

\_\_\_\_ **Supporting Documents**

\_\_\_\_ **Transcripts**

\_\_\_\_ **Financial Aid**

\_\_\_\_ **Admissions**

\_\_\_\_ **Academic Records**

**Note:** Form must be signed in the presence of a notary for **Option (2)**.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

#### FOR NOTARY PUBLIC USE ONLY

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_ in the year of \_\_\_\_.

\_\_\_\_\_  
*Notary*

\_\_\_\_\_  
*Commission Expires*