



Institution Certification

Please download the Institution Certification Form for the Financial Aid Office at your institution to complete. Please upload the completed signed form with your electronic application. **Please ensure the form is provided to the Financial Aid Office in a timely manner to ensure completion before the application deadline date.**

Electronic Signature

By typing your name in the signature fields and statements below, you agree your typed name is your electronic signature and is the legal equivalent of your manual/handwritten signature on this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third-party verification is necessary to validate your E-Signature, and that the lack of such certification or third-party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and the New Mexico Higher Education, Financial Aid Office.

STUDENT:

AUTHORIZATION AND CONSENT TO RELEASE EDUCATION RECORDS

I hereby authorize personnel of the College/University to release any and all educational records and information to the New Mexico Higher Education Department (NMHED). I further understand that this information may contain personal information. I understand the information may be released orally or in the form of copies of written records as preferred by NMHED. This authorization does not include the release of Medical information or information from the Health Services Office. By my signature below I acknowledge this consent and authorization to be valid.

Electronic
Signature: _____ Date: _____

INSTITUTION FINANCIAL AID OFFICER:

Student Name: _____ Name of Institution: _____

Student Anticipated Graduation Date: _____



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By signing below, I certify the student is a resident of New Mexico and a citizen of the United States or eligible non-citizen as defined by the U.S. Department of Education. I certify I have reviewed this student's financial aid file and have determined the student has financial need. I certify this student is maintaining the satisfactory academic progress necessary to qualify for the financial aid. I certify I have calculated the student's unmet need based on EFC/SAI and non-loan based aid. I recommend the annual award amount indicated below.

Print Name & Title of Financial Aid Officer completing form:

Financial Officer Email: _____

Direct Phone#: _____

Electronic Signature: _____ Date: _____

Cost of Attendance: Tuition, books, fees, room & board, transportation, and Other educational expenses.	\$ _____	
EFC / SAI	\$ _____	
Federal Pell Grant	\$ _____	
Federal and State Grants	\$ _____	
Scholarships	\$ _____	
Work Study	\$ _____	
Other Educational Expenses (specify)	\$ _____	
Total Estimated Financial Resources	\$ _____	
TOTAL ESTIMATED UNMET NEED	\$ _____	
Recommended Loan-For-Service Amount for 2023-24 (if student is graduating Fall23 please only indicate the Fall23 amount) *Allied may not exceed \$16,000 (\$8,000 per semester) *Nursing may not exceed \$16,000 (\$8,000 per semester) *Medical may not exceed \$25,000 (\$12,500 per semester)	FALL23\$ \$ _____	Spring24 \$ \$ _____