



CALIFORNIA STATE UNIVERSITY  
**FULLERTON**

**Return to:** Office of Financial Aid  
P.O. Box 6804 UH-146  
Fullerton, CA 92834-6804

**BEFORE printing enter student CWID above**

**AUTHORIZATION TO RELEASE INFORMATION (2011-2012)**  
PRINT CLEARLY AND USE BLACK INK

One purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in an individual student's educational record. By signing this release, you consent the staff members in the Office of Financial Aid at Cal State Fullerton to review and discuss any information contained in your educational records related to or impacting your ability to receive financial aid with the individual you list below. If the form is **NOT** notarized, this release must be signed in the presence of a financial aid staff member, who must also view your photo identification. In the event that you cannot submit this release in person, please have your signature notarized and mail this release to the address listed above. Faxed copies of this release will not be accepted.

Your consent to release your information expires July 30, 2012 and relates to information for the 2011-2012 academic year.

**INDIVIDUAL AUTHORIZED TO ACCESS THE STUDENT'S FILE**

Complete the information about the person you are allowing access to your information.

<i>Individual's Name (print)</i>	<i>Date of Birth</i>	<i>Social Security #</i>	<i>Relationship to Student</i>	<i>Phone</i>
Example: <u>Pat Jones</u>	<u>01/11/1959</u>	<u>xxx-xx--5555</u>	<u>Parent</u>	<u>(714) 227-0001</u>
_____	_____	_____	_____	_____

**CERTIFICATION:**

By signing this Release, I understand that information contained in my educational records related to or impacting my ability to receive financial aid may be released to the individual listed above with my FULL CONSENT. I have signed this release for the purpose of acquiring financial aid and/or understanding or meeting any obligation related to my receipt of financial aid. I understand that this release will remain in effect until July 30, 2012 unless I send a written letter revoking this release to the Office of Financial Aid prior to that date. I understand that this release exempts staff in the Office of Financial Aid from adhering to confidentiality statements I may have signed regarding my educational records at Cal State Fullerton. I certify that all of the information reported on this form is true, complete and accurate.

\_\_\_\_\_  
Student's Signature                      Print Student's Name                      CWID                      Date (mm/dd/yyyy)

**NOTARY CERTIFICATION (Complete only if UNABLE to submit this Release in person):**

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_  
Date

before me, \_\_\_\_\_ Personally appeared \_\_\_\_\_  
Name, Title of Officer                      Name of Signer

[ ] Personally known to me - OR - [ ] proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she/he executed the same in her/his authorized capacity, and that by her/his signature on the instrument the person executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary or *Financial Aid Staff Member*

## AUTHORIZATION TO RELEASE INFORMATION 2011-2012

### WHY SHOULD I SIGN THIS RELEASE?

Circumstances often arise where a student may want a parent, relative or another individual to have access to their educational records to assist them in understanding the policies and procedures regarding the receipt of their financial aid award. In some instances, a student's course or work schedule may hinder their ability to contact the Office of Financial Aid either in person or over the telephone to ask questions about their account. In order to accommodate these situations, the Office of Financial Aid will accept written authorizations from students consenting to the release of information from their educational records to an individual named by the student.

### HOW DO I IMPLEMENT THE RELEASE?

Bring the completed Release to the Office of Financial Aid during normal business hours. The Release **must** be signed in the presence of a financial aid staff member. Students are also required to present photo identification. In the event that a student cannot submit this Release in person, a notarized signature is required. **Faxed copies of this Release will not be accepted.**

### HOW WILL THE RELEASE BE USED?

Once the Release has been received, the individual listed on the Release may call or visit the Office of Financial Aid to ask questions regarding your file. The individual listed must inform the financial aid staff member that a Release is on file. Prior to releasing any information, the Office of Financial Aid will verify with the individual: their name, date of birth, their social security number, and the student's campus wide I.D.

### MAY I RESCIND THIS RELEASE?

To rescind this release, please send a written statement to the Office of Financial Aid that includes your:

- Full name
- Date of birth
- Campus Wide I.D.
- Statement to rescind the request (please include an effective date)
- Name of the individual who no longer will have access to your educational records
- Signature and date

### WHAT IF I HAVE ADDITIONAL QUESTIONS?

Staff are available to answer your questions during normal business hours. The Office of Financial Aid is located at University Hall-146. You can contact us at (657) 278-3125.