



Family Rights and Privacy Act (FERPA) of 1974 Academic Advising Release

Student's Full Name (please print) _____

Student's CWID _____

In accordance with regulations contained within the Family Rights and Privacy Act (FERPA), California State University, Fullerton Academic Advising professionals, including graduation specialists and retention specialists, will disclose to designated parties information from the academic records of the student and include designated parties in academic advising activities, provided the university has on file written consent from the student.

I hereby grant permission to the California State University, Fullerton academic advising professionals to permit participation in academic advising activities with me, and inspection and review of my academic records by the following person(s):

Person's Name (please print)

Person's Name (please print)

Person's Name (please print)

This request is made within compliance with FERPA (20 U.S.C.A. Sec 1232G).
Please initial all that apply:

____ All academic records, graduation and registration records accessible to my academic advisor, graduation specialist or retention specialist.

____ Limited to: _____



Access to this information does not give permission to others to alter the student's record or enrollment.

This release remains in effect until revoked by the student or the student's matriculation is discontinued. It is the student's responsibility to inform authorized individuals that access is in person only and a picture ID is required.

The student must sign this form in the presence of a CSUF Academic Advising Center, Academic College Office, or Student Success Center staff member and show a picture ID.

Student Signature

Date

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PICTURE ID IS REQUIRED WITH THIS FORM

Staff Name (please print) _____

Staff Signature _____ Date: _____

This form cannot be modified or altered.

This form must be submitted to:

Undeclared & Academic Advising Center
PLN 1

Cathy Rivas
carivas@fullerton.edu

THE CALIFORNIA STATE UNIVERSITY