



## Return to:

Office of Financial Aid/Scholarships (MSR-100)  
California State University, Stanislaus  
801 W. Monte Vista Avenue • Turlock, CA 95382  
Phone (209)667-3336 • Fax (209)664-7064  
<http://www.csustan.edu/FinancialAid>

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's ID: \_\_\_\_\_

# Consent for Release of Information

The Federal Family Education Rights and Privacy Act (FERPA) prohibits the release of student information to anyone but the student without the student's written permission to do so. This document will allow the staff of the Office of Financial Aid/Scholarships (FAO) to discuss specific aspects of your financial aid record with the person(s) you have designated below, such as a parent or spouse.

In general when parental information is included on the FAFSA, the California State University, Stanislaus Financial Aid Office does not release or discuss specific parental information with the student. This form therefore has a place for the parents to give permission to the Financial Aid Office to discuss parental data necessary for the determination of financial aid with a person (such as the student or an agency representative) other than a parent.

### Student Release:

I, (student) \_\_\_\_\_, do hereby consent to have information in my records in the California State University, Stanislaus Office of Financial Aid/Scholarships discussed with the following person(s).

**\*\*\*Remember to provide the authorized person with your date of birth and ID.**

Name

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Signature:**

\_\_\_\_\_

**Date:**

### Parent Release:

I, (parent) \_\_\_\_\_, do hereby consent to have information regarding my records in the California State University, Stanislaus Financial Aid/Scholarships Office discussed with the following person(s)

Name

Relationship/Agency Representative

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent Signature:**

\_\_\_\_\_

**Date:**

**Please Note:** This document pertains to information in the California State University, Stanislaus Financial Aid/ Scholarships Office only. It does not permit release of information authorization at any other office on campus.

*This document will remain valid until such time that the student and/or parent revokes in writing this release form*

*Read Authorization Information on back of form*

# AUTHORIZATION TO RELEASE INFORMATION

## 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 Financial Aid/Scholarships Office (FAO), either in person or over the telephone, to ask questions about their account. In order to accommodate these situations, the FAO 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 complete Release to the Financial Aid/Scholarships 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 may call or visit the Financial Aid Office to ask questions regarding your file. The individual listed must inform the financial aid staff member that a release form is on file. Prior to releasing information, the FAO will verify with the individual: their name, the student's date of birth, and campus security number.

## MAY I RESCIND THIS RELEASE?

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

- **Full Name**
- **Date of Birth**
- **Campus I.D.**
- **Statement to rescind the request (please include the 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 is available to answer your questions during normal business hours. The Office of Financial Aid/Scholarships is located at Mary Stuart Rogers Building Room 100. You may contact us at (209)667-3335 or (209)667-3336 or e-mail us at [Financial\\_Aid@csustan.edu](mailto:Financial_Aid@csustan.edu).