



# CALIFORNIA STATE UNIVERSITY, FULLERTON

Student Financial Services  
(657) 278-2495

## Family Educational Rights and Privacy Act of 1974 (FERPA) Release Form

Student's Full Name (Print): \_\_\_\_\_

Student's CWID: \_\_\_\_\_

In accordance with regulations contained within the Family Educational Rights and Privacy Act (FERPA), California State University, Fullerton Student Financial Services will disclose to designated parties information from the financial records of the student, provided the University has on file written consent from the student.

I hereby grant permission to the CSUF Student Financial Services to permit inspection and review of the contents of my financial records by the following person(s).

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

This request is made in compliance with FERPA (20 U.S.C.A. Sec. 1232G).

**Please indicate which records are to be released:**

This request is made for the purpose of: \_\_\_\_\_

\_\_\_\_\_ All Student Financial records in Student Financial Services

\_\_\_\_\_ Limited to: \_\_\_\_\_

**Access to this information does not give permission to others to alter the student's financial record. Changes to the student record must be made at the request of the student.**

This release remains in effect until revoked by the student or the student's matriculation is discontinued (student is no longer eligible to enroll at CSUF).

**The student must sign this form in the presence of a CSUF Student Financial Services staff member and show a picture ID.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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**PICTURE ID IS REQUIRED WITH THIS FORM**

Staff Name (Print): \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date SI placed in Student's Account: \_\_\_\_\_

11/25/11

**\*\*This form cannot be modified or altered\*\***

THE CALIFORNIA STATE UNIVERSITY