

Consent For Release of Information

| STUDENT ID | STUDENT LAST NAME | STUDENT FIRST NAME | PHONE NUMBER (with area code) |
|---------------------------|-------------------|--------------------|-------------------------------|
| PLEASE PRINT IN BLACK INK | | | |

The Federal Family Education Rights and Privacy Act of 1974 (**FERPA**), protects the confidentiality of your financial aid records at Fresno State. Under FERPA, Fresno State is required to treat non-directory information as private and protected information from individuals other than the student (by FERPA definition, third-party individuals include parents, legal guardians, a student's spouse, etc.). Consequently, your financial aid information cannot be discussed with or released to, third parties (parent, sibling, spouse, etc.) without your written consent.

Access to Financial Aid Records

(Please check only one box)

Grant Access **Revoke Access**

Financial Aid Records: [Financial Aid Awards, Disbursements, Financial Aid Application data (FAFSA and/or Dream Act), Eligibility, Financial Aid Satisfactory Academic Progress, Financial Aid Forms]

Person(s) to whom the access is granted or revoked:

Name: _____ **Relationship:** _____

ID: Fresno State ID Driver's License: State: _____ Other: _____ **ID #:** _____

Name: _____ **Relationship:** _____

ID: Fresno State ID Driver's License: State: _____ Other: _____ **ID #:** _____

Name: _____ **Relationship:** _____

ID: Fresno State ID Driver's License: State: _____ Other: _____ **ID #:** _____

This form does NOT authorize us to discuss and/or release the information of other individuals on your FAFSA- i.e. your parent's information.

CERTIFICATION & SIGNATURE

By signing this release form, I authorize the Financial Aid Office at Fresno State to discuss and/or release my Fresno State Financial Aid information to the person I indicated above.

I understand that I can revoke any portion of this authorization at any time by providing an updated form.

I also understand that this release only applies to my information. Any information listed on my FAFSA, or other Financial Aid documents, that is associated with another individual (i.e. spouse, parent, etc.) is not covered under this release and cannot be discussed with the person(s) listed above, unless a release is submitted by that individual.

Signature of party providing consent _____ Date _____

To submit this document, submit from your Fresno State e-mail as an attachment to 5592784833@fax.csufresno.edu.
NOTE: This document will not be accepted from another e-mail address and a follow-up will be made to the phone number provided confirming the student request to share information before information will be shared.