

## PARENT AUTHORIZATION TO RELEASE INFORMATION

By signing below and supplying confidential information as an identifier, I authorize CSUN to release Parent information from my University Records to the following person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Last 4 digits of social security number and place of birth: \_\_\_\_\_

Relationship to Parent: \_\_\_\_\_

What is the purpose of this disclosure?

\_\_\_\_\_  
\_\_\_\_\_

This form authorizes the Financial Aid & Scholarship Department to release information regarding my F.A./Scholarship records, Student Accounting and University Cash Services records. I understand that this form is **only** in effect with the Financial Aid & Scholarship Department at CSUN and a separate release form must be filed with other campus departments if release of information is requested from other departments. This authorization is in effect until I request, in writing, that it be rescinded or until the end of the academic year in which it was issued, whichever comes first. In the event information is released by mistake, the undersigned agrees to hold CSU, Northridge harmless for damages.

For parent release to student of PLUS LOAN information or Parental income information.

Student's Name: \_\_\_\_\_ CSUN ID: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

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

**Submit this form to:**

Financial Aid & Scholarship Department  
18111 Nordhoff Street  
Northridge, CA 91330-8307

**Forms not submitted in person to a Financial Aid Staff member must be notarized.**

Authorization Coded: \_\_\_\_\_ Authorization Terminated: \_\_\_\_\_

Date

Date

Checked ID?  Yes  No Notarized?  Yes  No