

**STUDENT AUTHORIZATION TO RELEASE
INFORMATION TO PARENT OR SPOUSE**

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

Name: _____

Address: _____

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

Relationship to Student: _____

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 This authorization is in effect until I request, in writing, that it be rescinded or until the end of the academic year in which it was issued, whichever comes first.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.

Student's Name: _____ CSUN ID: _____

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: _____ Date _____ Authorization Terminated: _____ Date _____

Checked ID? Yes No Notarized? Yes No