

Financial Aid & Scholarship Department
Division of Student Affairs
Bayramian Hall, Student Services Center
18111 Nordhoff Street, Northridge, CA 91330-8307
www.csun.edu/financialaid/

Phone: (818) 677-4085

AUTHORIZATION TO RELEASE INFORMATIONForms not submitted in person to a Financial Aid Staff member must be notarized.

2011-2012 Academic Year 2012-13 Academic Year OR I understand that this form is **ONLY** in effect with the Financial Aid & Scholarship Department at CSUN. Initials Authorization is in effect until I request, in writing, that it be rescinded or until the end of the academic year in which it was issued, whichever comes first; and in the event information is released by mistake, the Initials undersigned agrees to hold CSU, Northridge harmless for damages. I authorize the CSUN Financial Aid Staff to disclose my Financial Aid information to the party identified below. Financial Aid information may include Financial Aid, Scholarship, Admissions, Records, and Student Initials Accounting information. Complete this section if you are the STUDENT authorizing CSUN to release your information to another person. I, the student, authorize CSUN to release information from my University Records to the following person: Name: Relationship: Last 4-digits of social security number and place of birth: Student ID: Student's Name:_____ Student Signature:_____ Date: Complete this section ONLY if you are the PARENT of a CSUN student, authorizing CSUN to release your information to another person (including your student). I, the parent of a CSUN student, authorize CSUN to release PARENT information from my University Records to the following person: Relationship to Parent:____ Last 4-digits of social security number and place of birth: If authorization is to a CSUN student, provide the Student ID:_____ Parent's Name: Driver's License #: Parent Signature: For Office Use Only: Authorization Coded: Authorization Terminated:_

Notarized: |

Yes

No

Checked ID?