



CALIFORNIA
STATE UNIVERSITY
NORTHRIDGE

2018-2019 FA-MISC
Financial Aid & Scholarship Department
Bayramian Hall, Student Services Center
18111 Nordhoff Street
Northridge, CA 91330-8307
(818) 677-4085
www.csun.edu/financialaid

**STUDENT AUTHORIZATION TO RELEASE INFORMATION TO PARENT
2018-2019 Academic Year**

Forms not submitted in person by the student with a valid ID must be notarized.

____ 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____ Authorization is in effect until I request, in writing, that it be rescinded or until the end of the academic year in
Initials which it was issued, whichever comes first; and in the event information is released by mistake, the 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.
Initials Financial Aid information may include Financial Aid, Scholarship, Admissions, Records, and Student Accounting
information.

Complete this section if you are the STUDENT authorizing CSUN to release your information to your parent.

I, _____ authorize CSUN to release information from my University Records to:

Name: _____ Relationship: _____

Last 4-digits of social security number and place of birth of authorized parent:

Student's Name: _____ Student ID: _____

Student's Signature: _____ Date: _____

For Office Use Only:

Authorization Coded: _____ Authorization Terminated: _____

Date

Date

Checked ID? Yes No

Notarized: Yes No