



CALIFORNIA  
STATE UNIVERSITY  
NORTHRIDGE

2021-2022 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  
2021-2022 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\_\_\_\_ Authorization is in effect until I request, in writing, that it be rescinded or until the end of the academic year in  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