



## **STUDENT AUTHORIZATION TO RELEASE INFORMATION TO PARENT**

### **2025-2026 Academic Year**

**Forms not submitted in person by the student with a valid ID must be notarized.**  
(Please sign your initials.)

I understand that this form is ONLY in effect with the Financial Aid & Scholarship Department at CSUN.

Authorization is in effect until I request, in writing, that it be rescinded or until the end of the academic year in which it was issued, whichever comes first; and in the event information is released by mistake, the undersigned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 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 (Date):

Authorization Terminated (Date):

Checked ID?

Yes

No

Notarized:

Yes

No