

**STUDENT AUTHORIZATION TO RELEASE INFORMATION
2013/14 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
Initials Department at CSUN.

____ Authorization is in effect until I request, in writing, that it be rescinded or until the end
Initials 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
Initials 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 another person.

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 person:

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

**PARENT AUTHORIZATION TO RELEASE INFORMATION
2013/14 Academic Year**

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

____ Authorization is in effect until I request, in writing, that it be rescinded or until the end
Initials 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
Initials party identified below. Financial Aid information may include Financial Aid,
Scholarship, Admissions, Records, and Student Accounting information.

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 University Records to the following person:

Name: _____ 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's Signature: _____ Date: _____

For Office Use Only:

Authorization Coded: _____
Date

Authorization Terminated: _____
Date

Checked ID? Yes No

Notarized: Yes No