

STUDENT CONSENT/REQUEST FOR RECORDS ACCESS FORM
California State University, Northridge

Complete this form to authorize the release of your student records to a third party or to personally inspect your own record(s). Upon completion, submit this form directly to the department that holds the records that are described on this form, or to the Office of the Vice President for Student Affairs. Note also that some departments have specific procedures for requesting records disclosures (e.g., Admissions and Records). If required, you must complete the specific procedures of the department. You will be notified of any action taken pursuant to the submission of this form. Complete Section B to grant consent to disclose a student record. Complete Section C if this request is for the purpose of inspecting your student record(s).

Section A: Student Information

Name: _____ Student I.D#: _____

Previous Name (if applicable): _____

Mailing Address: _____ Phone: _____

_____ Email: _____

Section B: Consent to Disclose Records to a Third Party

What record(s) do you give consent to disclose? _____

What is the purpose of this disclosure? _____

Give the specific name, title, and address of the individual or organization to whom this disclosure is to be made:

Name: _____ Address: _____

Section C: Request to Access Student Records

What record(s) do you request to personally inspect?

Student Signature: _____ **Date:** _____

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Section D: Response by Unit Records Custodian

Action Taken:

- Request Approved
Please Contact _____ to make an appointment to review your records.
- Request Denied/No Record Found
- Other: _____

Signature: _____ Date: _____
Unit Records Custodian (or Designee)

Note: You may request a copy of any record that you have given consent for disclosure. Contact the Unit Records Custodian to determine whether there is a fee associated with record copies. Also note that any records disclosure may be denied for nonpayment of student debt.