



Office of Financial Aid and Scholarships

California State University San Marcos
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CONSENT FOR RELEASE OF INFORMATION

2008-2009

Student Name: _____
Campus ID _____
Name: _____ Phone Number: _____

PLEASE COMPLETE USING BLACK INK

The Federal Family Education Rights and Privacy Act (FERPA) prohibits the release of student information to anyone but the student without the student's written permission to do so. This document will allow the staff of the Financial Aid and Scholarship Office to discuss specific aspects of your financial aid record with the person(s) you have designated below, such as a parent or spouse.

In general, when parental information is included on the FAFSA, the California State University San Marcos (CSUSM) Financial Aid and Scholarship Office does not release or discuss specific parental information. This form therefore has a place for the parent to give permission to the Financial Aid and Scholarship Office to discuss parental data necessary for the determination of financial aid with a person (such as the student) other than the parent.

I (Student) _____, do hereby consent to have information in my records in the CSUSM Financial Aid & Scholarship Office discussed with the following person(s).	
Name	Relationship
_____	_____
Student Signature	Date

I (Parent) _____, do hereby consent to have information in my records in the CSUSM Financial Aid & Scholarship Office discussed with the following person(s).	
Name	Relationship
_____	_____
Parent Signature	Date

Please Note: This document pertains to information in the Cal State San Marcos Financial Aid and Scholarship Office only. It does permit release of information authorization at any other office on campus. This document will remain valid until such time that the student and/or parent revokes in writing this release form.