

California State University SAN MARCOS

Financial Aid and Scholarships Office Tel: 760.750.4850 Fax: 760.750.3047 www.csusm.edu/finaid

2016-2017 CONSENT TO RELEASE INFORMATION

Student Name:	Student ID #:
The Federal Family Education Rights and Privacy Act (FERPA anyone other than the student without the student's written www.csusm.edu/ferpa	
STUDENT: This document will allow the staff of the Financia aspects of your financial aid record with the person(s) you have	
<u>PARENT</u> : When parental information is included on the FAF (CSUSM) Financial Aid and Scholarships Office does not releincluding the student. This form allows parents to give permits discuss parental data necessary for the determination of final	ase or discuss specific parental information with others nission to the Financial Aid and Scholarships Office to
This document will remain in effect unless revoked by written request of the student and/or parent.	
Check here if this is an update to a previous Consent to Release Information.	
I (Student) , do hereby consent to have information in my financial aid records maintained by the CSUSM Financial Aid & Scholarships Office discussed with the following person(s):	
Name	Relationship
Student Signature	Date
I (Parent) , do hereby consent to have information related to the determination of financial aid and maintained by the CSUSM Financial Aid & Scholarships Office discussed with the following person(s).	
Name	Relationship
Parent Signature	Date

Please Note: This document pertains to information maintained by the Cal State San Marcos Financial Aid and Scholarships Office only. It does not provide for the release of information by any other office on campus.