



**FAMILY EDUCATIONAL RIGHTS and PRIVACY ACT (FERPA)  
AUTHORIZATION TO RELEASE INFORMATION**

**STUDENT**

**Name (print):** \_\_\_\_\_ **ID:** \_\_\_\_\_

I authorize the staff of the Student Financial Services (SFS) to disclose financial information in my file to the individual(s) noted below.

**Information Released TO**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Information Released TO**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

*I understand that this release remains in effect until I graduate , am no longer a CSUSM student, a new FERPA Release form is filled out, or I submit a letter indicating I wish to revoke this release to the Student Financial Service Office.*

*This form must be signed in the presence of a SFS Staff member and student must present photo identification.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SFS Staff Use ONLY:**

Date Received: \_\_\_\_\_ ID Checked: \_\_\_\_\_ Staff Initials: \_\_\_\_\_