



SACRAMENTO STATE

California State University, Sacramento
Office of the University Registrar
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STUDENT CONSENT FOR RELEASE OF INFORMATION

Student Name (Last, First, MI)

Student Identification Number

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, seeks to guarantee both a student's right of access to education records, financial aid records, and financial records, and the confidentiality of student information.

STUDENT CONSENT FOR RELEASE OF INFORMATION

I hereby give my consent for my parent, guardian or other third party, as named below, to have access to my education, financial aid and financial records. This consent will remain in effect until rescinded.

Student's Signature

Date

PARENT/GUARDIAN/THIRD PARTY: Please Print

STREET ADDRESS:

CITY State Zip

Email Phone

Note: If this form is turned in via email, you must submit it from your CSUS email address to registrar@csus.edu along with a photocopy/picture of your government issued ID.



STOP! Withdrawal of Consent Only

STUDENT WITHDRAWAL OF CONSENT FOR RELEASE OF INFORMATION

STUDENT WITHDRAWAL OF CONSENT FOR RELEASE OF INFORMATION

I hereby withdraw my consent for my parent, guardian or other third party as named above, to have access to my education records, effective immediately.

Student's Signature

Date