2012-2013 FERPA Authorization Form



DIVISION OF STUDENT AFFAIRS

Financial Aid & Scholarships Office One University Drive Camarillo, CA 93012

Student Name (Please Prin	nt)	
Last Name	First Name	MI
Student ID#		

Date

The Family Education Rights and Privacy Act of 1976, as amended and contained in the Code of Federal Regulations (34 CFS 99, subpart D99.30), requires a written and dated consent from any student (18 years of age or older) before disclosing personal identifiable information from the student's education/financial records to a third party. Under the Family Education Rights and Privacy Act (FERPA), the Office of Financial Aid reserves the right to withhold financial information from a third party.

I give permission to release any and all financial aid information by CSU Channel Islands Financial Aid and Scholarships

Section A: Information Release Consent

*	listed below will need to provide my name, last four digits of my information will be released to them. I also understand that only ne.	
Name	Relationship	
Name	Relationship	
☐ Check here if this information REPLACES wh	nat you have submitted on all previous FERPA Authorization forms	
Section B: Student Signature		
I understand my decision for the release of Financial year at CSU Channel Islands.	Aid information will be valid only during the 2012-2013 academic	

PLEASE NOTE:

Student Signature

- * A third party must be on this form before any financial aid information will be released.
- * The third party must know the student's name, last four digits of the student's social security and date of birth.
- * Only limited information will be given over the telephone regardless if the FERPA authorization form is submitted to the Financial Aid and Scholarships office.

PLEASE RETURN THIS FORM TO THE CSU CHANNEL ISLANDS FINANCIAL AID & SCHOLARSHIPS OFFICE