



Office of Financial
Aid and Scholarships

Return to:
5500 University Parkway UH150
San Bernardino, CA 92407
Tel: (909) 537-5227
Fax: (909) 537-7024

2017-2018 Third Party Authorization

Name: _____ **Coyote ID:** _____

In accordance with federal law and the Family Educational Rights and Privacy Act (FERPA), the Office of Financial Aid and Scholarships may only release student financial aid records directly to the student, unless prior written authorization is given by the student. By filling out this form you give permission for others to view and have access to your student records. By default, your records will not be released to anyone else until this form is properly filled out.

I authorize the Office of Financial Aid and Scholarships to release my student financial aid records to the following people for the current academic year only. I understand that only these people are authorized to view or have access to my records. I understand that if I want to make changes to this list, I must contact the Office of Financial Aid and Scholarships in writing. I further understand that this release is only effective as long as I am an enrolled student and is valid during all school breaks for the current academic year only. When I graduate, withdraw or do not re-enroll, the authorization is revoked and access is reverted to the student alone.

I grant access to the following people:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The following password will be used in verifying the third party's identity:

Password: _____

By completing this form, I agree to the above terms and understand that it is valid for the current academic year only:

You must return the form in person to the CSUSB Office of Financial Aid and Scholarships where you will be required to show identification before submitting the form. This form cannot be accepted by mail or fax unless notarized by a notary public.

Student Signature: _____ **Date:** _____

Third Party Signature: _____ **Date:** _____