

FERPA Authorization Form - FOR ACCOUNTING DEPARTMENT ONLY



Accounting Department
Student Financial Services Office
5500 University Parkway
San Bernardino, CA 92047

Student Name (Please Print)

Last Name

First Name

MI

Student ID#

Birth Date

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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 Student Financial Services Office reserves the right to withhold financial information from a third party.

Section A: Information Release Consent

I give permission to release any and all financial information by CSUSB Student Financial Services personnel. I understand that these individuals listed below will need to provide my name, last four digits of my social security number and date of birth before any information will be released to them. I also understand that only limited information will be released over the telephone.

Name _____

Relationship _____

Name _____

Relationship _____

Check here if this information **REPLACES** what you have submitted on all previous FERPA Authorization forms

Section B: Student Signature

Student Signature _____

Date _____

PLEASE NOTE: *Both the Student and individual being given consent must be present and have a picture ID to sign the form.*

For Telephone Inquiries:

- * The third party must know the student's name, the student's campus identification number, and date of birth.
- * Only limited information will be given over the telephone regardless if the FERPA authorization form is submitted to the Student Financial Services Office.

PLEASE STOP BY STUDENT FINANCIAL SERVICES TO SIGN THIS FORM

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San Bernardino, CA 92407
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