

PLEASE TYPE OR PRINT CLEARLY

For Office Use Only

Received by:

Date:

STUDENT I.D. NUMBER

STUDENT LAST NAME

STUDENT FIRST NAME

CSU San Bernardino will not release information about your education record without your written consent.

To grant your parent, guardian, or another third party access to your CSU San Bernardino education records, you must complete, sign, and submit this form. **We will not disclose any information from your education record to individuals not identified in the authorization section below.** CSU San Bernardino assumes no liability for honoring your instructions.

Questions? Contact the Office of the Registrar

Phone: (909) 537-5200

I authorize the following individual(s) to have access to my records:

LAST NAME	FIRST NAME
RELATIONSHIP TO STUDENT	EMAIL
The above named person is authorized to have informational access ONLY to: (check all that apply)	
<input type="checkbox"/> Academic Records: Registration status, student ID, grades, and/or enrollment information	
<input type="checkbox"/> Enrollment Changes: including requests to add or drop a course, or change your grading option on your behalf	
<input type="checkbox"/> Billing information: Including statements, charges, credits, payments, refund status, past due amounts and collection activity	
<input type="checkbox"/> Financial Aid Information: Including awards, application data, disbursements and eligibility	
Conduct/Disciplinary Records	
<input type="checkbox"/> All education records	
<input type="checkbox"/> Other (specify) _____	

LAST NAME	FIRST NAME
RELATIONSHIP TO STUDENT	EMAIL
The above named person is authorized to have informational access ONLY to: (check all that apply)	
<input type="checkbox"/> Academic Records: Registration status, student ID, grades, and/or enrollment information	
<input type="checkbox"/> Enrollment Changes: including requests to add or drop a course, or change your grading option on your behalf	
<input type="checkbox"/> Billing information: Including statements, charges, credits, payments, refund status, past due amounts and collection activity	
<input type="checkbox"/> Financial Aid Information: Including awards, application data, disbursements and eligibility	
<input type="checkbox"/> Conduct/Disciplinary Records	
<input type="checkbox"/> All education records	
<input type="checkbox"/> Other (specify) _____	

Return a signed copy of this form to:

Mail Office of the Registrar
 CSU San Bernardino
 ATTN: FERPA Release
 5500 University Parkway
 UH-171
 San Bernardino, CA 92407

What is FERPA?

FERPA grants you, the student, the right to privacy of and access to your official records maintained by CSU San Bernardino. Under FERPA, your education records including grades, financial information, and notice of academic and disciplinary actions are confidential unless you grant permission to release information to others. CSU San Bernardino will not release information about your education record without your written consent, except where FERPA allows for an exception.

To authorize additional individuals, please attach a supplemental sheet with all information listed above.

I understand that only I can order transcripts. Permissions on this form do not give third parties access to request transcripts on my behalf.

I understand this information may be released verbally or in writing, depending on the situation. I have a right to inspect any written records released pursuant to this consent, and I may revoke this consent at any time by submitting a written request to do so. This form overrides all previous forms submitted.

REVOKE AUTHORIZATION:

At any point in the future, if you would like to revoke this or any other authorization, please contact the Office of the Registrar at (909) 537-5200.

STUDENT SIGNATURE *physical signature required*

DATE