



Human Resources

Name: _____

Coyote ID: _____

Student Authorization to Release Information

In accordance with federal law and the Family Educational Rights and Privacy Act (FERPA), student records may only be released 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 Human Resource Office to release my student records to the following people for the current academic year as it relates to the CSU Fee Waiver & Reduction Program. 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 Human Resource Office 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: _____

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

This form cannot be accepted by mail or fax. You must return the form in-person to the CSUSB Human Resource Office where you will be required to show identification before submitting the form.

Student Signature: _____ **Date:** _____