



Return to:
5500 University Parkway UH 150
San Bernardino, CA 92407
Tel: (909) 537-5227
Fax: (909) 537-7024

2022-2023 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 completing this form, you give permission to the individual below to view and have access to your student financial aid records. By default, your student records will not be released to anyone else until this form is properly completed.

I authorize the Office of Financial Aid and Scholarships to release my student financial aid records to the following individual for the 2022-2023 academic year. I understand that the individual listed below is authorized to view or have access to my student financial aid records. I must notify the Financial Aid Office and Scholarships in writing if I want to make changes to this list. I further understand that this release is only effective if I am an enrolled student and that this authorization is revoked and access is reverted to the student alone if I graduate, withdraw, or do not re-enroll.

I grant access to the following individual. A password will be requested when verifying the third party's identity.

Name of Third Party

Relationship to Student

Password

You must return this form to the 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.

By completing this form, I agree to the above terms and understand that it is valid for the current 2022-2023 academic year only.

Student Signature: _____ Date: _____
Third Party Signature: _____ Date: _____

NOTARY CERTIFICATION (Complete only if UNABLE to submit this release in person)

State of _____ County of _____ on _____ Date _____

Before me, _____ personally appeared _____
Name, Title of Officer _____ Name of Signer _____

[] Personally known to me – OR – [] proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she/he executed the same in her/his authorized capacity, and that by her/his signature on the instrument the person executed the instrument.

WITNESS my hand and official seal.