

# CSU San Bernardino

## College of Extended and Global Education FERPA Release for Student Records

PLEASE TYPE OR PRINT CLEARLY

STUDENT I.D. NUMBER \_\_\_\_\_ STUDENT LAST NAME \_\_\_\_\_ STUDENT FIRST NAME \_\_\_\_\_

CSU San Bernardino will not release information about your education records 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 records to individuals not identified in the authorization section below.** CSU San Bernardino assumes no liability for honoring your instructions.

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

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

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 situation. I have a right to inspect any written records released pursuant to this consent, and may revoke this consent at any time by submitting a written request to do so. This form overrides all previous forms submitted.

### For Office Use Only

Received by \_\_\_\_\_

Date \_\_\_\_\_

Questions? Contact College of Extended and Global Education

**Phone** (909) 537-5975  
**Number**

**Return a signed copy of this form to:**

**Mail** College of Extended and Global Education (CEGE)  
CSU San Bernardino  
ATTN: FERPA Release  
5500 University Parkway, CGI 301 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. More information about FERPA and exceptions can be found at: <https://www2.ed.gov/policy/gen/reg/ferpa/index.html>

### REVOKE AUTHORIZATION:

At any point in the future, if you would like to Revoke this or any other authorization, please Contact the CEGE office at (909) 537-3975

STUDENT SIGNATURE *physical signature required*

DATE