



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

2019-2020 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 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 Office of Financial Aid and Scholarships to release my student financial aid records to the following individual for the current academic year only. I understand that only this individual is 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 Office of Financial Aid and Scholarships 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 individual. A password will be requested when verifying the third party's identity.

Name of Third Party	Date of Birth (mm/dd/yyyy)	Relationship to Student	Password
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You must return the form in person to the CSUSB 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 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.

 Signature of Notary or Office of Financial Aid & Scholarships Member Staff Initial