



ONE-STOP FINANCIAL SERVICES

Consent Form to Release Student Financial Information

PRIVACY RELEASE: California State University, Los Angeles is required to follow the guidelines set forth in the Family Educational Rights and Privacy Act (FERPA). Your educational financial records are confidential and will only be shared with the individuals below with your written consent.

Student's Name: _____ Campus ID: _____

In the table below, please identify those persons you wish to have access to your student financial records. In order to provide information over the telephone to the designee, we must be able to verify their identity. This can be achieved by designating an access code and a hint that will help the designee remember the access code if it is forgotten. Make sure to provide a different code for each person.

Name	Relationship	Code	Hint (optional)	Type of Records

I understand the information may be released verbally or in the form of copies of written or computerized records. I understand I may revoke this Consent at any time with written notification.

Student's Signature _____

Date _____

Internal Use Only:

Identification of student verified:

Type of ID _____ (attach copy of Identification)

Employee Name and Department _____

Date _____

Date consent is no longer in effect _____