



# Student Financial Services

5151 State University Drive ADM 140, Los Angeles, CA 90032

Phone (323) 343-5357 Fax (323) 343-6542

## 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 individuals below with your written consent. This privacy release will remain in effect for one year from the date of your signature.

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Date consent is no longer in effect \_\_\_\_\_