Consent to Release Information

Return to: California State University, Bakersfield
Office of Financial Aid & Scholarships
48 SA
9001 Stockdale Highway, Bakersfield, CA 93311-1022
Telephone: (661)654-3016  FAX: (661)654-6800
Web: http://www.csub.edu/finaid  E-Mail: finaid@csub.edu

Access to student records and documents must be controlled to ensure integrity, security, and confidentiality. As a student at California State University, Bakersfield (CSUB), the confidentiality of your student financial aid information is protected in accordance with the Federal Family Educational Rights and Privacy Act (FERPA) of 1974 and CSUB’s Policy and Procedure.

Unauthorized use, removal, defacement, or alteration of any physical record or computerized data is prohibited. Providing access to student records, or information contained in these records, to unauthorized persons is also prohibited.

Under FERPA, the CSUB Office of Financial Aid & Scholarships (OFA&S) has the authority to provide your financial aid information to federal, state, and University personnel who have a legitimate need to know this information. Your information cannot be disclosed to other third parties (parent, spouse, donor, sibling, friend, landlord, associate, etc.) without your express written consent contained on this form.

This form is intended to allow you to designate up to three parties for whom you authorize the OFA&S to release your financial aid information (application status and award information).

Please indicate the individual’s/entity’s full name and relationship to you (parent, spouse, donor, sibling, friend, etc.) and submit this form to the address listed above. This release gives the OFA&S the authority to release your financial aid information orally, or in writing, to the individual/entity you have designated.

Note: This informational release is only valid for the 2015-16 academic year (fall 2015, winter 2016, spring 2016, and summer 2016). A new form will need to be submitted for each future academic year.

I have read and understand the information above and give consent for the CSUB OFA&S to release my financial aid information to the individual/entity indicated below. I understand that this release is only in effect for the academic year in which it is enacted.

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<tr>
<th>Individual/Entity Name</th>
<th>Relationship to you (parent, spouse, donor, sibling, friend, etc.)</th>
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Certification & Signature

Signing below certifies that all of the reported information is complete and correct. 

Student Signature __________________________ Date __________________________

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

FCON0 – 12/08/14