

Student Consent Form to Release Information to a Designated Third Party

2009-10



Return to: **Office of Financial Aid & Scholarships**
California State University, Bakersfield
 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

Financial Aid Applicant Information:

Student Name: _____ CSUB Id: _____
(Please Print)

Signature: _____ Date: _____

Access to student records and documents must be controlled to ensure integrity, security, and confidentiality. As a student at the 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, 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 third parties you authorize the OFA&S to release your financial aid information (application status and award information). You need to indicate the person's full name and relationship to you (parent, spouse, 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 third party you have designated.

Note: This informational release is only valid for the 2009-10 academic year (Summer 2009, Fall 2009, Winter 2010, and Spring 2010). 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 person(s) indicated below. I understand that this release is only in effect for the academic year in which it is enacted.

| Person's Full Name | Relationship to you (parent, spouse, sibling, friend, etc.) |
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