

AUTHORIZATION TO RELEASE INFORMATION

California State University, Fresno

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that university personnel may provide information from your education records as indicated below.

Name of Student: ID# DOB:

I, the undersigned, authorize California State University Fresno to release the following educational records and/or any information contained therein (please identify specific records, types of records, or indicate "all records"):

☐

One Time Release:

Check here if you only want us to release records one time

Name

Relationship

Date

Initial

1.

2.

Purpose of release:

☐

Extended Release (Expiration Date)

Check here to authorize an ongoing release of records

Enter a date you want the ongoing release authorization to expire.

Name

Relationship

Initial

1.

2.

Purpose of release:

I understand and acknowledge that: (1) I have the right not to consent to the release of my education records; and (2) this consent shall remain in effect until revoked by me, in writing, and delivered to California State University Fresno, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

Student's Signature

Date

Form submitted to: Department: _____ Received by: _____ Date: _____