

AUTHORIZATION TO RELEASE FINANCIAL AID RECORD INFORMATION

Office of Student Financial Aid
San Francisco State University
1600 Holloway Ave
San Francisco, CA 94132-4011
<http://financialaid.sfsu.edu>



Student Information

Last Name:	First Name:	Student ID:
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Information to Review

According to [The Family Educational Rights and Privacy Act \(FERPA\): 20 U.S.C. 1232g; CFR Part 99](#) - A school must have a student provide a signed written request to grant permission for the release or review of their financial aid record(s) to other persons (Including spouses or parents).

This form must be completed in person, by the student, with a valid photo identification. This authorization will be in effect until it is revoked in writing by the student and will be used for informational purposes only.

Requested Action

I authorize the Office of Student Financial Aid to release the following information to the person(s) listed below. I am aware I may rescind this request for information release at any time.

Please provide the **name and the relationship of the person(s)** you are allowing to have access to your financial aid record.

Last Name	First Name	Relationship to Student

NOTE: In person inquiries require a valid photo ID, student's name, and SF State identification number

Type of information to be released (Check one):

- ALL** financial aid records (award detail, disbursement dates, SAP, financial aid holds, etc.)
- Financial Aid awards/disbursement date information **only** (types of awards & disbursement dates)

Comments

Certification & Signature

I certify that I am authorizing the above individuals to have access to my financial aid records. This authorization will be in effect until it is revoked in writing.

_____	_____
Student Signature	Date