



Financial Aid

FORM 96 - FFERPA

Financial Aid Office

5150 N. Maple Avenue, M/S JA 64

Fresno, CA 93740-8026

Phone: (559) 278-2182 Fax: (559) 278-4833

www.fresnostate.edu/studentaffairs/financialaid/

FERPA Written Consent

Student Name: _____ Student ID#: _____
 Address: _____ Phone #: _____
 _____ Date: _____

PLEASE PRINT IN BLACK INK

About FERPA

The Federal Family Education Rights and Privacy Act of 1974 (**FERPA**), protects the confidentiality of your financial aid records at Fresno State. Under FERPA, Fresno State is required to treat non-directory information as private and protected information from individuals other than the student (by FERPA definition, third-party individuals include parents, legal guardians, a student's spouse, etc.). Consequently, your financial aid information cannot be discussed with or released to, third parties (parent, sibling, spouse, etc.) without your written consent.

Records to be disclosed

This FERPA Written Consent form allows you to authorize the Financial Aid Office at Fresno State to discuss and/or release your financial aid information to the person you designate. The information you authorize us to discuss includes your application status, your information from the FAFSA application, awards, disbursements, eligibility, and satisfactory academic progress.

This form does NOT authorize us to discuss and/or release the information on other individuals on your FAFSA- i.e. your parent's information.

3rd Party information to whom the disclosure may be made to:

Name: _____ Relationship: _____

Address: _____ Phone: _____

ID for 3rd party: Fresno State ID Driver's Lic State ID Other: _____ ID #: _____
 State: _____

Please indicate the purpose of the disclosure:

CERTIFICATION & SIGNATURE

By signing this release form, I authorize the Financial Aid Office at Fresno State to discuss and/or release my Fresno State Financial Aid information to the person I indicated above.

I understand that I can revoke any portion of this authorization at any time by providing an updated/written statement.

I also understand that this release only applies to my information; any information listed on my FAFSA, or other Financial Aid documents, that is associated with another individual (i.e. spouse, parent, etc) is not covered under this release and cannot be discussed with the person(s) listed above, unless a release is submitted by that individual.

Signature of party providing consent _____ Date _____

NOTE: This form CANNOT be accepted by mail or fax. You must come in person to the Financial Aid Office to present a photo identification and sign the form.