



**Financial Aid Office**  
5150 N. Maple Avenue, M/S JA 64  
Fresno, CA 93740-8026  
Phone: (559) 278-2182 Fax: (559) 278-4833

**FORM 96**

## FERPA Written Consent

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBER (with area code)	
ADDRESS	CITY		STATE	ZIP

***“Statute: FERPA provides that an agency or institution may not have a policy or practice of disclosing personally identifiable information from education records without the “written consent” of the parent or eligible student...”*** Federal Register-Family Education Rights and Privacy Act 20 U.S.C. 1232g(b)(1).

**Party to whom the disclosure may be made:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City ST ZIP \_\_\_\_\_  
Type of Identification:    Fresno State ID #                      Driver’s License                      State                      Other: \_\_\_\_\_

**Records to be disclosed:**

**Purpose of the disclosure:**

Signature of party providing consent \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**

California State University, Fresno  
Financial Aid Office  
5150 North Maple Avenue, MS/JA 64  
Fresno, CA 93740-8026