



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