



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

## FERPA Written Consent

Name:	Student ID:	Phone:
Address:	Date: MM/DD/YYYY	WITH AREA CODE

***“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:	Phone:
	Student ID:

**Records to be disclosed:(Be specific on what information to release)**

**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