

AUTHORIZATION TO RELEASE (FERPA) STUDENT ACCOUNT and/or FINANCIAL AID INFORMATION

RETURN TO:

CAL POLY STUDENT ACCOUNTS OFFICE
ADMIN ROOM 211
SAN LUIS OBISPO, CA 93407-0201
FAX: (805) 756-2774

EMAIL: studentaccounts@calpoly.edu
(sensitive data must be encrypted)

-OR-

CAL POLY FINANCIAL AID OFFICE
ADMIN ROOM 212
SAN LUIS OBISPO, CA 93407-0201
FAX: (805) 756-7243

EMAIL: financialaid@calpoly.edu
(sensitive data must be encrypted)

Last Name:

First Name:

Phone #

EMPL ID#:

For Office Use Only

Initials _____

CHECK ONE BOX ONLY

I hereby authorize and request California Polytechnic State University, San Luis Obispo, to discuss all information relating to my **student account and financial aid** as indicated in the statements below, with the individual(s) named in this document.

I hereby authorize and request California Polytechnic State University, San Luis Obispo, to discuss all information relating **ONLY** to my **student account** (institutional charges including Extended Education charges, financial aid credits and disbursements, payment, etc) with the individual(s) named in this document.

I hereby authorize and request California Polytechnic State University, San Luis Obispo, to discuss all information relating **ONLY** to my **financial aid** (eligibility and awards) with the individual(s) named in this document.

PLEASE PRINT

Name _____

Relationship _____

Date of Birth _____

Name _____

Relationship _____

Date of Birth _____

In the event damages should occur due to the release of such information, the undersigned agrees to hold California Polytechnic State University, San Luis Obispo, harmless.

A copy of this authorization is as valid as the original. *No electronic signatures accepted.*

This document will remain in effect until revoked by the student in writing.

Student Name (Print) _____

Student Signature _____ **Date** _____