

# CALIFORNIA STUDENT AID COMMISSION

## THIRD PARTY RELEASE FORM

The Family Educational Rights and Privacy Act of 1974 (FERPA) was enacted to protect the privacy of educational records, to establish the right of students to inspect and review their education records and to provide guidelines for the correction of inaccurate or misleading statements.

FERPA prohibits agencies and educational institutions from releasing confidential information about a student without the student's consent unless they are releasing that information to provide financial and award information to federal, state and campus personnel who have a legitimate need to know this information. Records may be released to a third party, including a parent or guardian, only after receiving student authorization.

If you wish to allow a third party access to your confidential financial or award information, please complete the box below.

<b>Program:</b>				
<input type="checkbox"/> CAL GRANTS	<input type="checkbox"/> CHAFEE	<input type="checkbox"/> APLE	<input type="checkbox"/> Out of State APLE	<input type="checkbox"/> NGAPLE
<input type="checkbox"/> SNAPLE NF	<input type="checkbox"/> SNAPLE NSF	<input type="checkbox"/> Robert C. Byrd	<input type="checkbox"/> Child Development	<input type="checkbox"/> GRAD APLE
<input type="checkbox"/> GEAR UP	<input type="checkbox"/> LEPD	<input type="checkbox"/> Other _____		

<b>Third Party Release</b>	
I <b>authorize</b> the California Student Aid Commission to release my confidential financial and award information to the following person(s):	
<b>Name(s):</b> _____	
<b>Address:</b> _____	
I understand this consent release will expire five (5) years from the date signed.	
_____	_____
Student Name (print)	Student Signature
_____	_____
CSAC ID Number or SSN	Date

If you wish to cancel the right of a third party access to your confidential financial or award information, please complete the box below.

<b>Cancellation of Consent for Third Party Release</b>	
I wish to cancel my <b>authorization</b> for the California Student Aid Commission to release my confidential financial and award information to the following person(s):	
<b>Name(s):</b> _____	
<b>Address:</b> _____	
I understand this cancellation is effective on the date received by the Commission.	
_____	_____
Student Name (print)	Student Signature
_____	_____
CSAC ID Number or SSN	Date

PLEASE RETURN THIS FORM TO:

CALIFORNIA STUDENT AID COMMISSION  
P.O. BOX 419029, RANCHO CORDOVA, CA 95741-9029 or  
FAX 916-464-8004