



AUTHORIZATION TO RELEASE EDUCATION RECORDS

PURPOSE: Use this form to designate individuals who can have continuous access to your student record. Upon receipt of this form, the individual(s) listed below can receive non-directory information about you. To verify enrollment, degree receipt, or good standing, as needed for a loan lender, insurance purposes, or employment, etc., please complete and submit the [Enrollment, Degree & Good Standing Verification Request form](#).

INSTRUCTIONS: This form requires your actual signature. A digital signature is not your actual signature. A scanned image of this signed document submitted via email to the Office of the Registrar is acceptable. This release remains active until a new Authorization form is submitted. A new form can be submitted at any time to add or revoke access.

About Student Information/Records

The University does not disclose social security numbers, student or personal identification numbers, grades, grade point averages, class schedules, academic actions, the number of credits enrolled in or earned, nor the financial business of the student unless the student has listed the person below as an authorized recipient or has provide separate written consent.

Please be advised that a person may be able to receive a great deal of information from the University about a student, without explicit authorization by the student, if that person listed the student as a dependent on his or her most recent federal tax return.

Note: Directory information is information that the University may disclose without written consent from the student and includes name, email, address, telephone listing, photo, major field of study, classification (class of/graduate), enrollment status, dates of attendance, club and/or organization membership, degrees, honors, and awards received, & the most recent educational agency or institution attended. To opt-out of the release of your Directory information, submit the "Request for Directory Opt-Out" form available from the Registrar's website to the Office of the Registrar.

For more information about the confidentiality of student records and written consent at CNU, please visit: <http://www.cnsu.edu/office-of-the-registrar/student-privacy-ferpa>.

AUTHORIZATION Please write legibly

To facilitate release of non-directory information to a parent, guardian or other person listed below, I do hereby authorize the California Northstate University to share, upon request, any and all financial, academic, disciplinary or other education records the University may have about me, with any of the following persons:

Note: The name listed must match exactly as it appears on the person's government issued photo ID.

1. Full Name: _____ Relationship: _____

2. Full Name: _____ Relationship: _____

3. Full Name: _____ Relationship: _____

Student's Signature: _____ Date: _____

Student's Full Name (*PRINT*) _____

Student ID #: _____ Date of Birth: _____ Program/College: _____ Class of/Cohort: _____

OFFICE OF THE REGISTRAR USE ONLY			
Date Received: _____	Date Processed: _____	Processed By: _____	Updated 12/24 OR