

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

**RETURN TO:**  
 CAL POLY STUDENT ACCOUNTS OFFICE  
 ADMIN 211  
 SAN LUIS OBISPO, CA 93407-0201  
**FAX: (805) 756-2774**  
**EMAIL: [studentaccounts@calpoly.edu](mailto:studentaccounts@calpoly.edu)**  
**-OR-**  
 CAL POLY FINANCIAL AID OFFICE  
 ADMIN 212  
 SAN LUIS OBISPO, CA 93407-0201  
**FAX: (805) 756-7243**  
**EMAIL: [financialaid@calpoly.edu](mailto:financialaid@calpoly.edu)**

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** \_\_\_\_\_