



# FERPA-STUDENT AUTHORIZATION RELEASE FORM

(for one time release only)

**POLICY:** A student has the right to consent to disclosures of personally identifiable information contained in the education record, except to the extent that FERPA authorizes disclosure without consent. One exception that permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school in an administrative, supervisory, academic, research, or support staff position; a person or company with whom the school has contracted (such as an attorney, auditor, collection agent, or official of the U.S. Department of Education or other federal agency); a person serving on the Board of Trustees; or a student serving on an official committee or assisting another school official in performing tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill professional responsibility. Student records will be disclosed to the CSU Chancellor's Office to conduct research, to analyze trends, or to provide other administrative services on behalf of the CSU.

**INSTRUCTIONS:**

Complete this request and submit to the Registrar's Office with a copy of photo identification to registrar@cpp.edu

Name \_\_\_\_\_ Date of Request \_\_\_\_\_  
Last First MI

Bronco ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_ CPP E-mail: \_\_\_\_\_

In accordance with regulations contained within the Family Educational Rights and Privacy Act (FERPA), Cal Poly Pomona will disclose to designated parties information from the educational records of a student, provided the institution has on file written consent by the student.

I, \_\_\_\_\_ freely and voluntarily consent to the release of information from my educational records. In giving permission to **the California State Polytechnic University, Pomona** to make such disclosure(s), I also state as follows:

1. **Name of Party to Whom Disclosure May Be Made** (please print):

2. **Address of Party or Parties to Whom Disclosure May Be Made** (please print):

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

3. **Purpose of Disclose** (please print):

4. Information from the following offices can be shared:

- Academic Records                       Financial Aid                       Financial and Billing
- International Student Records             University Housing                 Student Conducts

This release does not permit the disclosure of these records to any other persons or entities without my written consent unless specifically allowed for within FERPA regulations. I understand it is my responsibility to revoke this authorization at any time.

**STUDENT SIGNATURE:**

**DATE:**

FOR OFFICE USE ONLY		
Received by:	Date:	Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
RO Staff Signature:	Date:	