



AUTHORIZATION TO RELEASE EDUCATION RECORDS

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 expires six years from the date received or when a new Authorization form is submitted.

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.

AUTHORIZATION (SELECT ONE OF THE FOLLOWING OPTIONS)

OPTION ONE: 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:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Or...

OPTION TWO: I do **NOT** want my non-directory information released to anyone without my consent and understand that my information may be released upon request by a person who has claimed me as a dependent on his or her most recent federal tax return.

Student's Signature: _____ Date: _____

Student's Full Name (*PRINT*) _____

Student ID #: _____ Date of Birth: _____

*For information regarding the confidentiality of student education records,
please visit the Office of the Registrar website:*

<http://www.cnsu.edu/about/registrar/office-of-the-registrar>.

OFFICE OF THE REGISTRAR USE ONLY

Date Received: _____ Date Processed: _____ Processed By: _____ Updated 04/16 OR