

REGISTRAR'S OFFICE 1600 Holloway Avenue San Francisco, CA 94132

Phone: (415) 338-2350 Fax: (415) 338-0588

Applicant/Student Authorization to Release Education Records to Parents/Guardian

Date:	
Applicant/Student's Name:	-
SFSU ID:	-
Item(s) of information to be released:	
Purpose(s) for which the education records may be disclosed (i.e., Admis tuition fee payment or reimbursement, etc.):	sions, Financial Aid counseling, employment,
The information may only be released to the following person(s):	
I hereby grant authorization to San Francisco State University to release my parties listed on this form. I understand that I am entitled to a copy of the re	
Applicant/Student Signature:	Date:

Source: 34 C.F.R. § 99.30