



Registrar's Office
 San Francisco State University
 1600 Holloway Avenue
 San Francisco, CA 94132
 Phone: (415)338-2350
 Fax: (415)338-0588
 Email: records@sfsu.edu

Applicant/Student Authorization to Release Education Records

In accordance with the Family Educational Rights and Privacy Act (FERPA), San Francisco State University will only release education records to parents, guardians, spouses, sponsors, employers, or other third parties with written consent from the student. Records to be released must be specified and a purpose provided. This form cannot be used to grant continuous all access to student's records or access to student's Self-Service or other university-issued portals or the records therein.

Applicant/Student Name: **SFSU ID:** **Date:**

Records to Release

Specify records to be released (for example, grades):

- Grades
 Course Enrollment For Term:
 Transcripts
 CalVET Fee Waiver / VA Education Benefit | Processing Information for term:

Specify, if other records:

Purpose of Release

Specify purpose(s) for which the academic records may be disclosed (for example, needs to receive grades for the term to maintain sponsorship):

Authorized Records to be Released to

The information may only be released to the following person(s):

I hereby grant authorization to San Francisco State University to release my above-referenced education records to the party or parties listed on this form.

I understand that I am entitled to a list of the records disclosed upon request.

I understand that this authorization will remain in effect for one year or until this **release end date:**

I understand that I may revoke this authorization at any time **by contacting the Registrar's Office.**

Applicant/Student's Signature:

Date:

Print Name: