



**CALIFORNIA STATE UNIVERSITY, LONG BEACH**  
**AUTHORIZATION TO RELEASE AND REVOKE ACCESS TO STUDENT INFORMATION**

**Student Name:** (Last, First, MI.) \_\_\_\_\_ **Student ID:** \_\_\_\_\_

I give permission to CSULB to release specified information to the following delegate(s):

Last Name	First Name	Relationship

I hereby revoke any prior authorization to specified information to the following delegate(s):

Last Name	First Name	Relationship

**Types of information authorized for release (indicate all applicable records):**

- Class Schedule     Class Schedule & Grades     Financial Aid (Award Details, etc.)  
 Student Financial Services (tuition & fee balances, etc.)

**Please choose at least one personal security question based on the choices below, and provide the answer to the authorized individuals listed above.** When that party contacts CSULB, he/she will be asked to authenticate his/her identity by providing the answer to the security question. If your third-party contact is unable to provide the correct answer, no information will be released. If you forget or misplace your personal security question/answer, contact Enrollment Services at (562) 985-5471 or Brotman Hall 101 to recover and/or change the information.

\_\_\_\_\_  
**Elementary School**

\_\_\_\_\_  
**Favorite Teacher**

\_\_\_\_\_  
**Favorite Pet's Name**

\_\_\_\_\_  
**1<sup>st</sup> Car make/model**

In accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, CSU Long Beach will disclose confidential information from the education records of students to parents, spouses or other third parties provided the University has written consent from the student on file. Please sign below and return to the Office of Enrollment Services if you consent for the University to release your education records to your parents, spouses or any other third party. This release form will remain valid through your enrollment at CSULB unless specifically revoked by you. To learn more about FERPA and the release of student information, visit <http://www.csulb.edu/registration-and-records/ferpa-students>

**This form must be submitted by the student, with valid photo ID, to Brotman Hall 101 or as an attachment via email if the student is not in attendance on the CSULB campus. The form must be sent from the preferred email address on record for the student.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_