



REGISTRAR'S OFFICE
1600 Holloway Avenue
San Francisco, CA 94132
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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., Admissions, Financial Aid counseling, employment, tuition fee payment or reimbursement, etc.):

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 copy of the records disclosed upon request.

Applicant/Student Signature: _____

Date: _____