CHSU
CALIFORNIA
HEALTH SCIENCES
UNIVERSITY

FERPA Consent to Release Student Information

Office of the Registrar

The Family Educational Rights and Privacy Act (FERPA) is a federal statute that prevents California Health Sciences University from providing student record information (excluding directory information) to anyone but the student without the student's written authorization.

INSTRUCTIONS:
Please complete this form in its entirety, then wet sign and date it before submitting to the Office of the Registrar either by email, fax or in person. This request can take 3-5 business days to process.

A. REQUESTED BY

Student Name (Printed): _____
First Name *MI* *Last Name*

SONIS Student ID Number: _____

B. RELEASE TO (RECIPIENT)

Name and/or Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

C. EDUCATION RECORD INFORMATION TO BE RELEASED (Please specify)

_____

D. PURPOSE OF RELEASE (Please specify)

_____

E. AUTHORIZATION

I understand the information may be released verbally, or in writing, depending on the situation. I have a right to inspect any written records released pursuant to this consent *(except for parents' financial records and certain letters of recommendation for which the student waived inspection rights)*. I understand that I may revoke this consent upon providing written notice. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the recipient listed above for the specific purpose described above.

▶ Student Signature: _____ Date: _____

For Office of Registrar Use Only

Date Received: _____ Received By: _____ Date Processed: _____

www.CHSU.edu
120 N. Clovis Avenue, Clovis, CA 93612 • (559) 325-3600 • Registrar@CHSU.edu

rev 03/24/2020