



San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132

Office of the Registrar

Applicant/Student Authorization to Release Education Records to Parents or Guardians

Applicant/Student's Name: _____ Student 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