



Authorization to Release Information

Name: _____ Chico State ID: _____
Last First MI

Establish or update authorization to release information to individuals designated below.

I give my permission to the CSU, Chico Student Financial Services Office to release information about my student account concerning balance amount, payments, types and amounts of financial aid both anticipated and disbursed, individual charges, billing records, and account status to the following person(s):

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Social Security Number: XXX-XX- _____ Social Security Number: XXX-XX- _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

Email address: _____ Email address: _____

Phone(s): _____ Phone(s): _____

I am aware that this Authorization to Release Information remains active until cancelled. _____
Student Initials

This release applies only to the Student Financial Services Office.

Cancel previous authorization to release information.

Student Signature: _____ Date: _____