

Authorization to Release Information - 3rd Party

RETURN TO: Student Services Ctr. 250 Financial Aid and Scholarship Office Chico, CA 95929-0705 Phone: 530-898-6451 Fax: 530-898-6883 Email: finaid@csuchico.edu Website: www.csuchico.edu/fa Facebook: www.facebook.com/ChicoStateFASO	Student Last Name:	Student First Name:
	Chico State ID:	Phone:
	Email:	
	Address:	
	Street	City State Zip

Types of Record(s) to be released:	Purpose of Record(s)
Please be specific	
<input type="checkbox"/> Financial Aid Award Letter <input type="checkbox"/> Proof of Federal Work-Study <input type="checkbox"/> Other—specify:	<input type="checkbox"/> Scholarships <input type="checkbox"/> Native American/Tribal Organization <input type="checkbox"/> Study Abroad

Scholarship Only—Name of Individual and Agency to Release Requested Information:
Name:
Agency:
Address:
Street
City State Zip

Please Check the Appropriate Box Identifying How You Wish To Have This Information Released:

- Mail to Student
- Hold for Pick-Up

Scholarship Only:

- Mail to Third Party
- Fax () _____

If you are requesting release of parent(s) information given on the FAFSA or CADAA, your parent(s) must also sign this release.

I hereby authorize Financial Aid information listed above to be released to the third party listed above.

Student Signature _____ Date _____

Parent #1 Signature (Father/Mother/Stepparent) _____ Date _____

Parent #2 Signature (Father/Mother/Stepparent) _____ Date _____

Please note: We are not permitted to provide student records directly to 3rd party agencies, unless it is for the purpose of scholarship consideration.

FOR OFFICE USE ONLY: Request completed: Date: _____ Processor: _____