

**AUTHORIZATION TO RELEASE
STUDENT ACCOUNT and/or FINANCIAL AID INFORMATION**

RETURN TO: CAL POLY STUDENT ACCOUNTS OFFICE ADMIN. 211 SAN LUIS OBISPO, CA 93407-0881 FAX: (805) 756-2774 -OR- RETURN TO: CAL POLY FINANCIAL AID OFFICE ADMIN. 212 SAN LUIS OBISPO, CA 93407-0201 FAX: (805) 756-7243	Last Name:	Empl ID#:	
	First Name:		
	Phone #:		

CHECK ONE BOX ONLY

I hereby authorize and request California Polytechnic State University, San Luis Obispo, to discuss all information relating to my **student account and financial aid** with the individual(s) named in this document.

I hereby authorize and request California Polytechnic State University, San Luis Obispo, to discuss all information relating ONLY to my **student account** (institutional charges, financial aid credits and disbursements, payment, etc.) with the individual(s) named in this document.

I hereby authorize and request California Polytechnic State University, San Luis Obispo, to discuss all information relating ONLY to my **financial aid** (eligibility and awards) with the individual(s) named in this document.

PLEASE PRINT

Name _____ Relationship _____

Date of Birth _____

Name _____ Relationship _____

Date of Birth _____

In the event damages should occur due to the release of such information, the undersigned agrees to hold California Polytechnic State University, San Luis Obispo, harmless.

A copy of this authorization is as valid as the original.
 This document will remain in effect until revoked by student in writing.

Student Name (*Print*) _____

Student Signature _____ Date _____