



California State University, Los Angeles  
 Housing and Residence Life  
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**FERPA**  
 Rev. 6/29/2017  
**Student Authorization to Release Information**

**Student Information:**

Name \_\_\_\_\_ CIN \_\_\_\_\_

Month and Day of Birth \_\_\_\_\_ Term/Quarter & Year \_\_\_\_\_

By signing below and supplying confidential information as an identifier, I authorize Housing and Residence Life to release information from my University records to the following person(s):

**Release Information to:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Purpose of the disclosure: \_\_\_\_\_

This authorization is in effect until I request, in writing, that it be rescinded or until the end of academic year during which it was issued, whichever comes first.

In the event information is released in error, the undersigned agrees to hold Cal State LA harmless for damages.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**You may submit this form via email, fax, snail mail or in person.**

**OFFICE USE ONLY**

Received:

Note Entered in StarRez:

Note Removed from StarRez:

By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_