



Business & Financial Services  
6024 Campus Delivery  
Fort Collins, CO 80523-6024  
Phone: (970) 491-6467  
Fax: (970) 491-2452

**FERPA RELEASE**  
(Family Educational Rights and Privacy Act)

I, \_\_\_\_\_ (Please print) \_\_\_\_\_ give my permission to Business and Financial Services at Colorado State University to release information regarding my student account(s) and/or Perkins/Health Professions Loans to the following person(s). If any of these individuals no longer have my permission to obtain information, I understand it is my responsibility to notify Business and Financial Services at Colorado State University to remove them.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signatures:  
Student \_\_\_\_\_ CSU Staff Member Acknowledgement  
Student ID # \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Include a copy of an official photo identification card (ie Driver's License) with a signature when mailing this form to Colorado State University.**