



Enrollment & Student Academic Services
1801 E. Cotati Avenue
Rohnert Park, CA 94928

RELEASE FORM

AUTHORIZATION FOR RELEASE TO MY PARENTS MY ACADEMIC RECORDS & ASSOCIATED INFORMATION REGARDING MY STATUS WITH SONOMA STATE UNIVERSITY

I,

print your name

Social Security Number

Your UserID

hereby give Sonoma State University Academic Records Specialists and associated Admissions & Records personnel, Housing, Residential Life, Academic Advising and Enrollment & Academic Services personnel, permission to release to my parents,

print parent's name

last 4 digits of parent's SSN

print parent's name

last 4 digits of parent's SSN

print parent's name

last 4 digits of parent's SSN

print parent's name

last 4 digits of parent's SSN

any information regarding my class schedule, grades, transcripts, attendance, and academic status. This authorization shall remain in effect during my enrollment at SSU or until revoked in writing by me. **This authorization does NOT include permission to release any information regarding my medical and mental health records, which remain private.**

Signature _____

Date _____