



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

RELEASE FORM

AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS REGARDING MY STATUS WITH SONOMA STATE UNIVERSITY

I,

_____ *print your name*

Social Security Number

Your SSU ID

hereby give Sonoma State University's Academic Records Specialists and associated Admissions & Records personnel, and Academic Advising 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 _____