

## *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