

Authorization to Release Information 2009/2010

Student's First Name

Student's Last Name

Sac State ID#

Hall/Room #

Student's Telephone #

Student's Email

- I hereby authorize the California State University, Sacramento Housing and Residential Life Office to release information to the person(s) listed below in this document. Please check one or more of the following boxes to select the type of information to which you are allowing the indicated person(s) access:
 - Status of Housing License Agreement/Contract
 - Financial Information (Including amounts owed and payments made on account)
 - All Housing Information (Anything related to housing)

Housing information and does not provide information such as class schedules, transcript, and other admission information.

The Housing Office is authorized to release the information indicated above to the following person(s):

Name

Relationship to Student

Name

Relationship to Student

Name

Relationship to Student

- I understand that this authorization is valid from this date through August 1, 2010 only, and if necessary, I will need to submit another form to release information for any time period after that date.
- I also understand that I may revoke this authorization at any time by submitting a request in writing to the Housing office.

Student's Signature

Date

For Office Use Only

Entered into Database: _____

Original document must be filed in student file.

SAMPLE