



SACRAMENTO
STATE

California State University, Sacramento
Office of the University Registrar
6000 J Street • Lassen Hall 2000 • Sacramento, CA 95819-6056
T (916) 278-3625 • F (916) 278-6453 • www.csus.edu/registrar

REQUEST FOR RELEASE OF INFORMATION TO PARENT / GUARDIAN / SPOUSE / EXECUTOR – EXECUTRIX IDENTIFICATION CERTIFICATION FORM

Student Name (Last, First, MI)

Student Identification Number
Social Security Number

This form is used to provide verification of relationship to a deceased student. The *Family Educational Rights and Privacy Act* (FERPA) of 1974 seeks to guarantee that access to a student's records and the confidentiality of student information be diligently maintained by the institution. Institutions may not disclose information contained in education records without written consent except under certain conditions. For example, a deceased student's record may be released to parents (next of kin) only if one of the following conditions has been met: 1) through the previously submitted written consent of the student; 2) in compliance with a lawfully issued subpoena; 3) by submission of evidence that the parents declared the student as a dependent on their most recent Federal Income Tax form, as defined by the Internal Revenue Code of 1986, Section 152. In assuring compliance with University policy and FERPA, Sacramento State requires the verification of the relationship of the person requesting access to a deceased student's education records. Once verified, Sacramento State will consider this person as the owner of the student's educational record.

REQUESTOR INFORMATION

I hereby request access to the student's education record as lawfully entitled. My relationship to the above named student is:

Parent/Guardian Spouse/Next of Kin Executor/Executrix Power of Attorney/Subpoena

NAME

Please Print

STREET ADDRESS

CITY

State _____ Zip _____

PHONE

Area Code Number Extension

I hereby certify that I am the lawfully entitled owner of the deceased student's education record as indicated above.

Requestor's Signature

Date

Admissions and Records Office Use Only:

Proof of Identification and Documentation

Provided by Requestor: _____

Staff Member; _____

Date: _____