Consent for Access to Financial Aid **Application Information**

This consent form seeks your permission to share specific data from your Free Application for Federal Student Aid (FAFSA) and California Dream Act Application (CADAA) with certain offices at California State University, Fresno (Fresno State). The goal is to enhance your college experience by supporting your attendance, persistence, and completion. It's important to understand the details of the data sharing, including the type of data, the recipients, and the purposes.

Purpose of Consent: By signing this form, you allow Fresno State to share selected FAFSA data with university offices to aid your academic success. This includes facilitating access to resources and programs aimed at promoting college attendance and completion. Your FAFSA data, except for Federal Tax information (FTI), may be used for research and to connect you with support services and opportunities beneficial to your academic journey at Fresno State.

Scope of information: The information shared includes FAFSA-derived data like your Student Aid Index (SAI), Federal Pell Grant eligibility, and other non-FTI FAFSA data. This data will be used exclusively for the purposes mentioned in this consent, without including any personally identifiable information (PII) or FTI, adhering to federal laws.

Duration of Consent: You will choose the duration of your consent on this form, specifying how long you authorize Fresno State to share your FAFSA data for academic support purposes. This choice ensures your data is shared only within the timeframe you specify on this form, giving you control over your personal information. You can revoke this consent at any time by writing to the Office of Financial Aid and Scholarships at Fresno State.



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^{*} Indicates required question

Email * **/** Student First and Last Name * Sally Smith Fresno State Student ID * 123456789 Fresno State Student Email * ssmith@mail.fresnostate.edu

Who would you like to share your Financial Aid data with? (Please note that this *must be done for each program that you wish to share information with.)	
 Educational Opportunity Program (EOP) Office of Essential Needs Renaissances Scholars Program TRIO Project Rebound E3 S-STEM Central Valley College Corps USHER Program ABBA 	
	○ EMBA
	Scholars in Service
	Graduate Equity FellowshipDream Success Center
	Which financial aid data would you like to share with the program/office specified * above? (Please mark all that apply.) Cost of Attendance Financial Aid Award Amounts Remaining Financial Need Student Aid Index (SAI)
	Pell Eligibility Request edit acces

Why are you wanting to share this information with the program/office specified above?

I want to determine if I have an unmet need and am eligible for the program.

For how long would you like to share your data? After the latest semester indicated, a new form will need to be submitted for this program/office. (*Please check all that apply.*)

If you wish to revoke this consent prior to the end of the latest term specified above, please contact the Financial Aid and Scholarships Office at 559.278.2182.

✓ Fall 2024

Spring 2025

Spring Intersession/Summer 2025

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If you wish to revoke this consent prior to the end of the latest term specified above, please contact the Financial Aid and Scholarships Office at 559.278.2182.

Yes, I consent.

A copy of your responses will be emailed to asilveira@mail.fresnostate.edu.

Submit

Request edit access

Clear form