



## STUDENT CONSENT FOR RELEASE OF INFORMATION

I understand that if I am admitted and enroll at California State University, East Bay (CSUEB) the federal *Family Educational Rights and Privacy Act of 1972 (FERPA)* protects the privacy of my education records. As a prospective student, I also may have rights under the laws of the United States, the State of California and/or my country of residence protecting the privacy of records I give to CSUEB and/or third parties in connection with my application to enroll as a CSUEB student.

By signing this form, I, \_\_\_\_\_, hereby **waive** any rights described above and **give my consent** to CSUEB and the other party named below to disclose my application and any other education records to each other for the purpose of discussing my application to, admission status and educational experience at CSUEB:

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand that I have the right **not** to consent to the release of information in my student records and that I may revoke this consent at any time by giving written notice to CSUEB and AGENCY NAME, as named above. This consent remains valid unless and until I revoke it.

Prospective Student Signature: \_\_\_\_\_

Prospective Student Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

### ***If Prospective Student is under 18 years of age:***

I am the parent or legal guardian of the Prospective Student. I am signing this document on his or her behalf.

Parent or Guardian Signature: \_\_\_\_\_

Parent or Guardian Name (print): \_\_\_\_\_ Date: \_\_\_\_\_