

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 |
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| rights described above and give my consent to CSU | EB and the other party named below to |
| disclose my application and any other education re- | cords to each other for the purpose of |
| discussing my application to, admission status and edu- | cational experience at CSUEB: |
| Name of Agency: | |
| Address: | |
| DI N. 1 | |
| | |
| I understand that I have the right not to consent to t records and that I may revoke this consent at any time AGENCY NAME, as named above. This consent rem | by giving written notice to CSUEB and |
| 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 Stu or her behalf. | ident. I am signing this document on his |
| Parent or Guardian Signature: | |
| Parent or Guardian Name (print): | Date: |