



STUDENT CONSENT FOR RELEASE OF INFORMATION

I understand that if I am admitted and enroll at Humboldt State University, 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 Humboldt State University and/or third parties in connection with my application to enroll as a Humboldt State University student.

By signing this form, I, _____, hereby **waive** any rights described above and **give my consent** to Humboldt State University and the person / agency 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 Humboldt State University:

Name of Person: _____

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 Humboldt State University and the person / agency 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: _____