



CALIFORNIA STATE UNIVERSITY, LONG BEACH

CENTER FOR INTERNATIONAL EDUCATION

Appendix B

STUDENT CONSENT FOR RELEASE OF INFORMATION

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

By signing this form, I, _____, hereby **waive** any rights described above and **give my consent** to *CSULB* and **AGENT ABBR** 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 *CSULB*:

Name of Person: _____

AGENT FULL NAME

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 *CSULB* and the **AGENT ABBR** person 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: _____