

EXHIBIT A

STUDENT CONSENT FOR RELEASE OF INFORMATION

I understand that if I am admitted and enroll at San Francisco State University (SF State) 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 SF State and/or third parties in connection with my application to enroll as a SF State student.

By signing this form, I, _____,
(Please Type/Clearly Print Name of Student)

hereby **waive** any rights described above and **give my consent** to SF State and the person / the 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 SF State:

Name of the Agency: _____

Name of the Agent Advisor/Counselor: _____

Agency Address: _____

Agency Phone Number: _____

Email Address: _____

I Am Applying To: ___ALI ___ Undergraduate ___ Graduate ___ Other (_____)

SF State Student ID Number _____ or

Cal State Apply Confirmation Number (degree application only): _____

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 SF State and the person / the Agency named above. This consent remains valid unless and until I revoke it.

Prospective Student Signature: _____

Prospective Student Name (print): _____

Prospective Student's Personal Email Address: _____

Prospective Student's Date of Birth: _____ / _____ / _____

Date: _____ (Month) (Day) (Year)

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: _____