



PROSPECTIVE/CURRENT/FORMER STUDENT CONSENT FOR RELEASE OF INFORMATION

Student Name: _____

SDSU Student ID: _____

Date of Birth: _____

Email Address: _____

I understand that as a student of the SDSU Global Campus American Language Institute, the Federal Family Educational Rights and Privacy Act of 1972 (FERPA) protects the privacy of my educational records. As a 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 SDSU Global Campus and/or third parties in connection with my application to enroll as an SDSU Global Campus student.

By signing this form, I, _____, hereby **waive** any rights described above and **give my consent** to SDSU Global Campus and the authorized recipient named below to disclose my application and any other education records to each other for the purpose of discussing my application to, admission status, academic records, and educational experience at SDSU Global Campus:

Name of Authorized Recipient: _____

Relationship of Authorized Recipient: _____

Email Address of Authorized Recipient: _____

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 SDSU Global Campus and the authorized recipient named above. This consent remains valid unless and until I revoke it.

Student Signature

Date

If Student is under 18 years of age:

I am the parent or legal guardian of the student named above. I am signing this document on his or her behalf.

Parent or Guardian Name (print): _____

Parent or Guardian Signature: _____

Date: _____