



EXHIBIT A

STUDENT CONSENT FOR RELEASE OF INFORMATION

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

By signing this form, I, _____, hereby **waive** any rights described above and **give my consent** to *CSUDH* and the person / SS 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 *CSUDH*:

Name of Person: _____
Name of Other Party: _____
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 *CSUDH* and the person / SS 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: _____