



## STUDENT CONSENT FORM

California State University, Bakersfield  
BPA Student Services Office, Mail Stop: 20 BDC/140  
9001 Stockdale Highway  
Bakersfield, California 93311-1022  
Tel. (661) 654-2326 | Fax. (661) 654-3486

### CONSENT TO RELEASE INFORMATION TO A DESIGNATED THIRD PARTY

Student's Name: \_\_\_\_\_ CSUB ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Access to student records and documents must be controlled to ensure integrity, security and confidentiality. As a student at California State University, Bakersfield (CSUB), the confidentiality of your student information is protected in accordance with the Federal Family Educational Rights and Privacy Act (FERPA) of 1974 and CSUB's policies and procedures.

Under FERPA, the BPA Student Services Office has the authority to provide your student information to federal, state, and university personnel who have a legitimate need to know your information. Your information cannot be disclosed to other third parties without your expressed written consent.

This form is intended to allow you to designate up to three parties for whom you authorize the BPA Student Services Office to release information (application status and academic record). Please indicate the person's full name and relationship to you and submit this form to the address listed above. This consent form gives the BPA Student Services Office the authority to release information orally or in writing to the third party(ies) you have designated.

**I have read and understand the above information and give consent for the BPA Student Services Office to release information regarding my academic record to the individual(s) indicated below.**

	Person's Full Name	Relationship to You
1.		
2.		
3.		

*This consent to release information will remain in effect for the \_\_\_\_ - \_\_\_\_ academic school year or until withdrawn. To withdraw this consent form you must notify us in writing.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_