



**HUMBOLDT STATE UNIVERSITY**  
**Office of Student Rights & Responsibilities**

**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, understand that my student education records are confidential and cannot be disclosed except as authorized by this or any other release signed by me, or as provided by law.

I hereby consent to the release of the information specified below:

I authorize the Dean of Students or designees in the Office of the Dean of Students, at Humboldt State University to release the following information:

(List the nature and extent of the information to be disclosed):

\_\_\_\_\_ All information contained in my Student file in the Dean of Students Office;

\_\_\_\_\_ Other: (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to the following individual/organization/institution):

\_\_\_\_\_  
\_\_\_\_\_

(enter specific name and title of person(s) and/or agency to which information may be released)

This consent will expire on \_\_\_\_\_, or at such earlier time as I revoke it in writing to the indicated parties.

Student/Client Signature: \_\_\_\_\_

Student/Client Printed name: \_\_\_\_\_

Date Signed: \_\_\_\_\_