

HUMBOLDT STATE UNIVERSITY

Offices of the Dean of Students

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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 and staff 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 records held in my student file held by the Dean of Students Office;
- Other:

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

Date

Student/Client printed name