

California State University, Dominguez Hills requires written consent from students to authorize the release of student information and/or records to a third party in accordance with Family Educational Rights and Privacy Act (FERPA) of 1974. The consent must be in writing, signed and dated by the student and must specify records to be released, the reason for the release, and the names of the parties to whom such records will be released.

*Students may authorize friends or family members to contact us on their behalf. For identification purposes, the **authorized third party must show a picture ID** when picking up documents from the ISS office on behalf of the student.*

SECTION 1: STUDENT PERSONAL INFORMATION	
TODAY'S DATE (MM/DD/YYYY):	CSUDH STUDENT ID:
LAST NAME:	FIRST NAME:
DOCUMENTS/INFORMATION (e.g. I-20, OPT Package, ISS Forms) RELEASED:	

SECTION 2: PERSON TO WHOM INFORMATION MAY BE RELEASED		
Last Name	First Name	Relationship to Student

This form must be completed in order for CSUDH to comply with the request. I, hereby, give permission for CSUDH personnel to provide the following document / information to the person identified above. I understand this authorization will be ONLY revoked when I submit a statement in writing.

I have carefully read the forgoing authorization and fully understand the meeting of this form. I confirm that I have signed this form voluntarily.

STUDENT'S SIGNATURE:	DATE:
----------------------	-------

SECTION 3: TO BE COMPLETED BY THIRD PARTY	
THIRD PARTY'S NAME:	
SIGNATURE:	DATE: