

**EXHIBIT A**

**STUDENT CONSENT FOR RELEASE OF INFORMATION**

I understand that if I am admitted and enroll at San José State University (SJSU) 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 SJSU and/or third parties in connection with my application to enroll as a SJSU student.

By signing this form, I, \_\_\_\_\_, hereby **waive** any rights described above and **give my consent** to SJSU and the person / Other Party 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 SJSU:

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 SJSU and the person / Other Party 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: \_\_\_\_\_