



AUTHORIZATION FOR RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act (FERPA), the Dean of Students Office at California State University, Bakersfield will disclose student conduct information to authorized parties, provided the department has on file a written consent from the student.

This form represents voluntary written consent by _____, _____
(Student's Name) (CSUB ID)
to discuss confidential student conduct information maintained by the Dean of Students office with the person listed below.

Name of Authorized Person: _____

Relationship to Student: _____

Phone number: _____ Email: _____

I understand that this release pertains to the information in my student conduct file. This authorization will remain in effect for **one year** from the date I sign this form and can be canceled any time by providing a written request to the Dean of Students Office.

Student's Signature: _____ Date: _____