

EXHIBIT B

STUDENT CONSENT FOR RELEASE OF INFORMATION

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

By signing this form, I, _____,
(Please Type/Clearly Print Name of Student)

hereby **waive** any rights described above and **give my consent** to SF State and the person / the Agency 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 SF State:

Name of the Agency: _____

Name of the Agent Advisor/Counselor: _____

Agency Address: _____

Agency Phone Number: _____

Agency Email Address: _____

I Am Applying To: ___ALI ___Undergraduate ___Graduate ___CEL

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 SF State and the person / the Agency 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: _____



VISUAL/AUDIO IMAGE RELEASE FORM

I grant permission to California State University, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. CSU will not materially alter the original images.

I agree that CSU owns the images and all rights related to them. The images may be used in perpetuity and in any manner or media without notifying me, such as, but not limited to, university-sponsored websites, social media posts, publications, promotions, advertisements and posters. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release CSU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept the terms.

PROJECT: Semester@ SFSU

DATE: (Term, Year):

NAME (*please print*): _____

PHONE: _____

E-MAIL: _____

SIGNATURE: _____

WITNESS SIGNATURE: _____

PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE:
