

Office of Admissions Sonoma State University 1801 East Cotati Avenue Rohnert Park, California 94928-3609

## **International Agent Partner Release of Information Consent Form**

Student Name (Last, First, MI)			SSU Identification Number		
sudent's right of access sudent information. Instiritten consent except roviding a written autho	to education records, fina itutions may not disclose i under certain conditions.	ancial aid record information con A student's r	974, as amended, seeks ts, and financial records, and tained in education records vecord may be released to a	the confidentiality o without the student's	
			o have access on my behalf m enrolled at Sonoma State		
Student's Signature			Date		
Parent or Guardian Sig	nature (if student under 18 ye	ears of age)	Date		
Agent Partner Information	on:				
Partner Name					
		Please Print			
Agent Contact Name:					
CITY	State	Count	ry Zip		
Email	P	hone			
	**STOP! Wi	thdrawal of	Consent Only**		
STUDENT WITH	RAWAL OF CONSENT	FOR RELEA	SE OF INFORMATION		
STUDENT WITHDRA	WAL OF CONSENT FOR R	ELEASE OF INF	ORMATION		
	y consent for the agent partr		ove, to have access to my educa	ation records,	
Student's Signature			e		