



CONSENT FORM AND RELEASE OF STUDENT INFORMATION

I, _____, hereby give permission to the Housing and Residential Life office, at California State University, Long Beach (CSULB), to discuss any or all of my records and information pertaining to me with the person(s) named immediately below. Such discussion shall include, but not be limited to disclosure, providing printouts, and review in person, of any such records including accounting information.

Contact 1 – Relationship: _____

Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Contact 2 – Relationship: _____

Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

I specifically provide permission for the following information to be discussed with the aforementioned contact(s) listed:

- Application Changes/Details Conduct/Roommate Issues Emails/Correspondence
Financial Records Room/Hall Information Maintenance Work Orders

This release shall be valid for one (1) year, or until earlier revoked in writing, and receipt of such revocation is received and recorded in the Housing and Residential Life office, and except to the extent that the provider(s) have already disclosed information to the requestor based on this release.

Print Student's Name: _____ I.D. #: _____

Student's Signature: _____ Date: _____