



**THIRD-PARTY RELEASE AUTHORIZATION FORM  
for University admissions-related information only**

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS.

**Applicant/Student Information** (must match information in GET - [www.calstatela.edu/get](http://www.calstatela.edu/get)):

FIRST NAME:	_____
LAST NAME:	_____
CIN:	_____
ACADEMIC LEVEL:	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Post-Baccalaureate (Graduate/Certificate/Credential)*
EMAIL:	_____
PHONE:	_____

\*Department/program admissions information is excluded from this release.

**Information about my university admissions application can be released to the following person:**

FIRST NAME:	_____
LAST NAME:	_____
RELATIONSHIP:	_____
EMAIL:	_____
PHONE:	_____

**Applicant/student certification and signature:**

My signature below certifies that I authorize the Cal State LA Admissions Office to release information related to my university admissions application to the above mentioned individual. I further understand that this authorization will be in effect until I submit a written request to the same office to revoke this individual's access to my admissions record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(NOTE: This form is not accepted via email or fax. An original signature is required.)

**FOR ADMISSIONS OFFICE USE ONLY**

Date received:	Received/identity confirmed by:
_____	_____
Applicant/Student Identity Verification (please verify <u>all</u> items below):	
<input type="checkbox"/>	Government Issued Photo ID (please photocopy ID and attach to form for file)
<input type="checkbox"/>	GET CIN
<input type="checkbox"/>	GET Name
<input type="checkbox"/>	GET Address
<input type="checkbox"/>	GET Email
Date entered:	Relationship entered by:
_____	_____