



## **CONSENT FOR RELEASE OF STUDENT INFORMATION**

**College of Humanities  
Sierra Hall 461  
18111 Nordhoff Street  
Northridge, CA 91330-8349  
(818) 677-3301  
(818) 677-4902 FAX**

**Permission is hereby given to:**

**Heidi Schumacher of the College of Humanities**

**to provide the following information to:**

**Faculty & Staff assisting with selection/onboarding of HSI Pathways/Mellon  
Student Fellows for HSI Pathways to the Professoriate.**

**Indicate specific information that may be released:**

**CSUN transcript and transcripts from all higher education institutions attended  
prior to CSUN, fall academic progress report, application components**

**I hereby authorize the person named above to release the information described  
above. I also understand that I have the right to cancel my permission to release  
information at any time before it is released and that this signed consent will expire  
on the date indicated below.**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Signature of parent/guardian (if minor)**

\_\_\_\_\_  
**Student print name and CSUN ID #**

**1/30/2021  
Expiration Date**

\_\_\_\_\_  
**Today's Date**