

**CALIFORNIA STATE UNIVERSITY, CHICO**  
**AUTHORIZATION FOR RELEASE OF INFORMATION FROM**  
**THE OFFICE OF INTERNATIONAL EDUCATION**

As you begin your relationship with the California State University, Chico Study Abroad Office, it is important that you communicate information to your parents/guardians about the study abroad program details, academics, financial components, as well as your health and wellness arrangements that may need to be made before, during, or after your time abroad. There may be circumstances where the Study Abroad staff may need to discuss a variety of matters with your parents or guardians. Please read the following statements and check the box which informs the California State University, Chico Study Abroad Program and its constituents of what information we can discuss with parents/guardians.

**I. Please sign below once you have checked and filled out the appropriate boxes.**

- ☐ I understand there may be circumstances where the University may need to discuss a variety of matters with my emergency contacts (which I have listed below) regarding all issues involving my study abroad experience. This may include, but is not limited to, account information, conduct issues, health and safety, and academics. I expressly waive any privacy rights I may otherwise have under **FERPA** and **HIPAA**. Such information may only be shared during the program.

*Attach additional page(s) for any additional parents/guardian information you wish to provide.*

Name(s)	Relationship to You		
Street Address	City	State	Zip
Home Phone	Work Phone		
Cell Phone	E-mail Address		

- ☐ I do not wish to waive my privacy rights under FERPA and HIPAA. I understand that if I do not provide this information the University and its constituents may be unable to assist me in certain circumstances while I am abroad.

Any information shared with the individual(s) authorized to receive information is confidential and may not be shared with a third party.

**II. Consent to disclose e-mail address to fellow students.**

The Study Abroad Office at CSU, Chico has my permission to share my e-mail address with other students of CSU, Chico who are also studying abroad through university programs.

☐ **YES** – I'd like to communicate via e-mail with other students while abroad.      ☐ **NO**—I'd rather not

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Country

Please return form to:  
Study Abroad & International Exchange Office  
Office of International Education  
California State University, Chico  
Chico, CA 95929-0680  
Telephone 530-898-5415