



## EXHIBIT A

### STUDENT CONSENT FOR RELEASE OF INFORMATION

I understand that if I am admitted and enroll at The University of Memphis, the federal *Family Educational Rights and Privacy Act of 1972* (FERPA) protects the privacy of my education records. As a prospective student, I also may have rights under the laws of the United States, the State of Tennessee and/or my country of residence protecting the privacy of records I give to *UNIVERSITY* and/or third parties in connection with my application to enroll as a *UNIVERSITY* student.

By signing this form, I, \_\_\_\_\_, hereby **waive** any rights described above and **give my consent** to *UNIVERSITY* and the person / PARTNER named below to disclose my application and any other education records to each other for the purpose of discussing my application to, admission status and educational experience at *UNIVERSITY*:

Name of Person: RACHEAL AKANBI  
Name of PARTNER: OTEGEE CONCEPTS  
Address: 4, ADO IBRAHIM STREET, YABA, LAGOS,  
NIGERIA  
Phone Number: +234-705-827-4708  
Email Address: INFO@OTEGEECONCEPTS.COM.NG

I understand that I have the right **not** to consent to the release of information in my student records and that I may revoke this consent at any time by giving written notice to *UNIVERSITY* and the person / PARTNER named above. This consent remains valid unless and until I revoke it.

Prospective Student Signature: \_\_\_\_\_  
Prospective Student Name (print): \_\_\_\_\_  
Date: \_\_\_\_\_

#### ***If Prospective Student is under 18 years of age:***

I am the parent or legal guardian of the Prospective Student. I am signing this document on his or her behalf.

Parent or Guardian Signature: \_\_\_\_\_  
Parent or Guardian Name (print): \_\_\_\_\_  
Date: \_\_\_\_\_