



## PERMISSION TO RELEASE EDUCATIONAL RECORD INFORMATION

**Registrar's Office:** 16300 Old Emmitsburg Road • Emmitsburg, MD 21727 • Tel: (301) 447-5215 • Fax (301) 447-5811

### REQUESTED BY (Student)

Name: \_\_\_\_\_  
*Last (Please Print) First Middle*

Student ID # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### RELEASED TO

Name: \_\_\_\_\_  
*Last First Middle*

Organization/School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Educational record information to be released (Please check all that apply):

- Cum GPA       Major GPA       Cumulative Credit Total       Grades for Specific Course

Purpose of release: \_\_\_\_\_

I give my permission for \_\_\_\_\_ to release the specified information to the recipient listed above.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*