CECIL COLLEGE

Student Services and Enrollment Management
One Seahawk Drive I North East, MD 21901 I 410-287-1000 I Fax: 410-287-1001 I www.cecil.edu

Consent to Release Educational Record Information High School Student

This form is provided by Cecil College for the purpose of releasing educational records for the following student:

Name of Student _____

Address _____

_____

City, State, Zip _____

Telephone Number _____

Date of Birth _____

College ID # _____

I hereby authorize Cecil College to release my educational record information to:

Parent/Guardian: _____

Other/Relationship: _____

Address: _____

_____

City, State, Zip: _____

Telephone Number: _____

High School Name: _____

The purpose for which these records will be used: Academic monitoring, attendance, grades, transcripts, and other personally identifiable information as requested.

Student Signature _____

Date _____