



Registrar's Office
 Cambridge College
 500 Rutherford Avenue
 Boston, MA 02129
 Phone: 617.873.0101
 Fax: 617-242-0026
 registrar@cambridgecollege.edu

Authorization to Disclose Education Records to Parents/Guardian

Student ID# _____

Your Cambridge College Location

- Boston Puerto Rico
 Lawrence Southern California
 Springfield

Requested by (student)

Last name _____ First name _____ Middle name _____

Disclose information to:

Name(s) _____

Relationship to student: _____

Education record information to be released:

In accordance with FERPA, Cambridge College will disclose to parents information from the academic records of a student provided the College has on file written consent of the student. Please sign below and return to the Office of the Registrar if you consent for Cambridge College to release to your parents your educational records.

Student Signature _____

Date _____

Submit completed and signed form to:



Registrar's Office
 Cambridge College
 500 Rutherford Avenue
 Boston, MA 02129

Or email to: registrar@cambridgecollege.edu

Or fax to: 617.242.0026