



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

Permission to Release Education Record Information

Student ID# _____

Your Cambridge College Location

- Boston Puerto Rico
 Lawrence Southern California
 Springfield Other _____

Requested by (student)

Last name _____ First name _____ Middle name _____

Release to (recipient)

Name _____

Organization/School _____

Address _____

City, state, zip _____

Education record information to be released

Purpose of release

Permission

I give permission for _____ to release the specified information to the recipient listed above.

Student Signature _____

Date _____

Submit completed and signed form to:



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Or fax to: 617.242.0026