



**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*

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Boston      | <input type="checkbox"/> Puerto Rico         |
| <input type="checkbox"/> Lawrence    | <input type="checkbox"/> Southern California |
| <input type="checkbox"/> Springfield | <input type="checkbox"/> NEIB                |
|                                      | <input type="checkbox"/> 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**

on paper printout or electronic\* \_\_\_\_\_

Date \_\_\_\_\_

*\*Please see electronic signature options on the Registrar's web page.*

**Submit completed and signed form to:**



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**Or email to:** registrar@cambridgecollege.edu

**Or fax to:** 617.242.0026