



**Student Services and Enrollment Management**

One Seahawk Drive | North East, MD 21901 | 410-287-1000 | Fax: 410-287-1001 | [www.cecil.edu](http://www.cecil.edu)

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**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 \_\_\_\_\_