



COLLEGE OF SOUTHERN MARYLAND STUDENT RELEASE FORM

Directions to the Student: Complete and sign this form to release the information requested to your parent(s) or another third party. Return the completed form to the Registrar's Office (options listed at bottom of form).

TO AUTHORIZE RELEASE OF RECORDS:

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Student's Name: _____ Student ID Number _____

First Name Middle Initial Last Name

Student's Address: _____

Mailing Address

City State Zip

Student's Day Phone #: _____ Student's Eve Phone #: _____

E-mail Address: _____

I understand that my Education Records at the College of Southern Maryland are protected. I understand that, subject to certain exceptions provided by law, my records cannot be released to a third party, including my parent(s), without my written permission.

I agree to release the following records:

Please release the above records to:

Name: _____

First Name Middle Initial Last Name

Address: _____

Legal address as shown on driver's license or other legal photo ID. We will request to see photo ID at time this person requests information.

City State Zip

Please note: Release will remain on the student record until the student requests in writing for it to be removed.

Student's Signature: _____ Date: _____

Options for submitting this form:

- (1) You may complete and turn this form in at any CSM campus (must show your photo ID at time of drop off).
- (2) You may mail to: College of Southern Maryland, Attn: Registrar's Office (REG), PO Box 910, La Plata, MD 20646. You must also mail a copy of your photo ID to authenticate your request.
- (3) You may e-mail the request to webreg@csmd.edu, along with a photo ID to authenticate your request.