



**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
- Lawrence
- Springfield
- Puerto Rico
- Southern California
- NEIB
- Other \_\_\_\_\_

**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.

**Signature**

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

Date \_\_\_\_\_

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

**Submit completed and signed form to:**



**Registrar's Office**  
 Cambridge College  
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**Or email to:** registrar@cambridgecollege.edu

**Or fax to:** 617.242.0026