



Consent to Release of Education Records

I, _____, consent to the release of my education records to my parent(s) or guardian(s) listed below for the purpose of keeping them informed about my education at Champlain College. I understand that education records include, but are not limited to, information about my academic standing, disciplinary issues and financial obligations to the College.

I acknowledge that I may submit a subsequent notification in writing directing the College to no longer release information to any or all of the individuals listed below.

Champlain College is authorized to release information to the following individuals (please print clearly):

Name

Relationship to Student

Name

Relationship to Student

Name

Relationship to Student

Name

Relationship to Student

Date

Student's name – please print

Student's signature

Please mail or fax this form
(or proof of student's dependant status) to:
Advising and Registration Center
163 South Willard St.
Burlington, VT 05401
fax: (802) 860-2774

Student's date of birth

Student's daytime phone number