

**REQUEST TO RELEASE ACADEMIC INFORMATION (FERPA RELEASE)**

**Note: This form must be submitted in-person to the Office of the Registrar by the student requesting the release. This form will not be accepted via fax, mail, or email.**

Name of Student: \_\_\_\_\_ CMC ID#: \_\_\_\_\_

I hereby permit full access to my academic records at Claremont McKenna College for the following individual(s): \_\_\_\_\_

My records will be made available to the aforementioned individuals for the following timespan (for a maximum of one year):

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I understand that this permits CMC employees to release documents and discuss details of my academic record and without obtaining my consent in advance. I further understand that I may rescind this authorization at any time without informing the parties named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Received in the CMC Registrar's Office on \_\_\_\_\_

Processed by \_\_\_\_\_

Copies sent to

 Dean of Students  
 Student Accounts  
 Financial Aid  
 Development Admission  
 Academic Advisors  
 Public Affairs