



Please complete the following:

Last (Family) Name	First Name	Middle Initial
Birth Date _____	SMC ID# _____	
Program: <input type="checkbox"/> Undergraduate <input type="checkbox"/> English Language/Pathway <input type="checkbox"/> Other		
UNDERGRADUATES ONLY: Class Year _____		

Authorization to Release Educational Records

RETURN BY
MAIL OR
EMAIL

Registrar's Office, Saint Michael's College, One Winooski Park, Colchester, VT 05439, USA
International Students may return this form by email to ApplySMC@smcvt.edu

It is the policy of Saint Michael's College, in accordance with the **Family Educational Rights and Privacy Act (FERPA)**, to withhold disclosure of personally identifiable information from educational records except when the student has consented to disclosure or FERPA allows disclosure. There is information about FERPA on the college Website (at the Registrar's Office pages) and in the college catalogue.

By signing this form you give consent for the college to disclose information from your educational records to your parent(s), your legal guardian(s), or other designated persons. Such information includes class schedules, mid-term warnings, grades, and disciplinary records. You may revoke this consent at any time by notifying the Registrar's Office in writing.

Check the boxes below and write the appropriate name(s) to indicate your consent for Saint Michael's College to disclose educational information to your parent(s), your legal guardian(s), or other designated persons.

- Mother Name _____
- Father Name _____
- Legal Guardian Name _____
- Other (Specify) Name _____

Please sign and date below:

Signature _____ Date _____