

Office of the Registrar  
Marist College  
3399 North Road, Poughkeepsie, NY 12601  
(845) 575-3250

## Permission to Release Education Record Information

### One Time Release

Requested By (Student):

Release To (Recipient):

LAST NAME FIRST NAME

LAST NAME FIRST NAME

Donald & Virginia MacLellan  
Scholarship Committee

STUDENT IDENTIFICATION NUMBER

ORGANIZATION

DATE

DATE

Education record information to be released:

Marist Abroad application; transcript information; financial aid information

Purpose of release:

Committee review of scholarship application

I give permission for **The Office of International Programs, Marist College** to release the specified information to the recipient listed above.

STUDENT NAME (PRINT)

STUDENT SIGNATURE

OFFICE USE ONLY

Action taken: ☐ Completed ☐ Filed ☐ Held ☐ Other:

DATE

BY WHOM