

**Authorization to Release Information from the Admissions Office of St. Mary's
College of Maryland**

If you are in the process of applying for admission to St. Mary's College of Maryland as a degree-seeking student, please complete this form.

Please print:

Name _____

Other name(s) which may appear on your records _____

Social Security Number (not required) _____

Address _____

Phone numbers: Home _____ Work _____ Cell _____

E-mail Address _____

Birth Date _____

Gender _____

For which semester are you applying for Admission to SMCM?

Fall 20____ Spring 20____

For which semester are you applying as a non-degree student?

Fall 20____ Spring 20____

I authorize the Admissions Office of St. Mary's College of Maryland to release to the Registrar's Office and the Office of Academic Services copies of any and all information pertaining to my application as a degree-seeking student.

Signature

Date

Signature of parent or guardian, if under age 18

Date