

CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, give permission to the SHLSS and its affiliated entities to  
Print Name

release the following information to the person listed in this form:

- My application to the Unlicensed apprenticeship program;
- My attendance at the SHLSS;
- My disciplinary record while at SHLSS;
- The names of classes I have taken at SHLSS;
- My grades and test scores;
- Other information (specify) \_\_\_\_\_

I consent to release this information to: \_\_\_\_\_ .  
Print Name(s)

I understand that I may revoke this authorization at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last 4 digits of SSN

Mail to: Admissions Office  
PO Box 75  
Piney Point, MD 20674

Fax to: 301-994-2189 or Email to: Admissions@seafarers.org