



COLLEGE APPLICATION DOCUMENT RELEASE FORM

For the purpose of completing college application packets and scholarship applications, I give permission to Maryland School for the Deaf to release the following information:

Transcript, Test Scores, Audiological Report

For my child/student:

Student's Name _____

FREDERICK CAMPUS
101 Clarke Place
P.O. Box 250
Frederick, MD 21705-0250
301.360.2000
301.360.2001 TTY
301.360.1400 FAX

I understand that my signature below allows my child to submit the requests that this information be sent as needed and that I will not be required to sign any additional forms

for this purpose.



*Frederick Campus
Established 1868*

Parent/Guardian Name

*Columbia Campus
Established 1973*

Parent/Guardian Signature



Date

*Please return this form to Carolyn Hediger, MSD Registrar,
in the Principal's Office.*

*The Maryland School for the Deaf
does not discriminate on the basis of
race, color, sex, age, national origin,
religion, or disability in matters
affecting programs, activities, or
employment practices.*