



CMI

College of the Marshall Islands

Accredited by the Western Association of Schools and Colleges

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Office Use Only

Received Date & Initial:

STUDENT SERVICES FORMS –BOR 300 SERIES

STUDENT CONSENT FORM

For Parental/Guardian Access

Student Number:

Student Number (First Middle Last):

Date of Birth:

Contact Information (Email/Phone):

Parent/Guardian Information

Name:

Relationship to Student:

Contact Information (Email/Phone):

I, the undersigned, hereby consent to the College of the Marshall Islands disclosing my educational records and information to my parent/guardian listed above. This consent includes, but is not limited to, information regarding my academic progress, grades, and financial information.

Duration of Consent.

This consent is valid from _____ (start date) to _____ (end date) or until revoked in writing by me.

Student's signature:

Date:

To be completed by the registrar:

Date recorded:

Registrar name:

Signature:

CMI Location: ☐ Majuro ☐ Ebeye ☐ Jaluit ☐ Wotje ☐ Other _____

This form must be retained in the student's official file. Revised 02/20/2025