

Parent Consent to Disclosure of Personal Information

Please provide the information below and indicate whether to release or withhold your home address and telephone number for use by Service Academy Associations, Coast Guard Academy local chapter and National Parents Association, Coast Guard Alumni Association and for any other Coast Guard Academy related activities.

Cadet's Name: _____

Parents' Names: _____

Home Address: _____

Street

City

State

Zip Code

Home Phone Number: _____ E-Mail Address: _____

Mother's Signature: _____ Release Do Not Release

Father's Signature: _____ Release Do Not Release

If a parent does not reside at the address above, please provide their contact information:

Mother's Name: _____

Home Address: _____

Street

City

State

Zip Code

Home Phone Number: _____ E-Mail Address: _____

Father's Name: _____

Home Address: _____

Street

City

State

Zip Code

Home Phone Number: _____ E-Mail Address: _____

Return in White Envelope
Refer questions to: Cadet Administration at (860) 701-6157