

# Residential Student Release Form

## To Prospective Residential Transfer:

The completion of this form is required of all individuals seeking admission to McDaniel College as a residential transfer student from another four-year college or university. Your signature to the following statement will authorize your Student Affairs Office to provide McDaniel College with the requested information. After signing the statement, mail this form to the Dean of Students at the college from which you are transferring.

"I hereby authorize the Dean of Students at \_\_\_\_\_ college or university to answer the questions below and forward them to the Dean of Admissions at McDaniel College."

FULL NAME (please print): \_\_\_\_\_  
*first middle last*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## To the Dean of Students:

1. Is this student currently eligible to return to your institution:  Yes  No

*If no, please explain* \_\_\_\_\_

2. Was this student involved in any disciplinary incidents at your school?  Yes  No

*If yes, please explain* \_\_\_\_\_

3. Do you recommend that he/she be admitted to our institution?  Yes  No

*If no, please explain* \_\_\_\_\_

NAME (please print): \_\_\_\_\_  
*first middle last*

TITLE: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Your prompt completion of this form will be appreciated. Please return to:*  
Dean of Admissions, McDaniel College, 2 College Hill, Westminster, Maryland 21157-4390  
Fax: 410-857-2757

*Thank you!*



**MCDANIEL**  
COLLEGE