





# Academic Record FERPA Release Form

Office of the Registrar: 16300 Old Emmitsburg Road, Emmitsburg, MD 21727

Tel: (301) 447-5215 Fax: (301) 447-5811

Printed Name of Student \_\_\_\_\_ MSM Student ID # \_\_\_\_\_

Student's Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Information to be released (check and **initial** next to all boxes that apply):

- Sta (example)
- \_\_\_\_\_ Any and all academic information (this includes grades, GPA, major GPA, schedule, class attendance, etc.)
- \_\_\_\_\_ Any and all academic advising information
- \_\_\_\_\_ Please ONLY release the following information: \_\_\_\_\_

I request that the selected information above be released to the following individual:

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Purpose for release: \_\_\_\_\_

I understand that pursuant to the Family Educational Rights and Privacy Act of 1974 certain information from my education records cannot be disclosed without my written authorization. By signing below, I request, authorize, and consent to the disclosure of the information from my education records listed above to the party listed above. I understand that (1) I have a right not to authorize the disclosure of information in my education records; and (2) this authorization shall remain in effect during my enrollment unless revoked in writing by me.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_