

The Family Educational Rights and Privacy Act (FERPA) is a Federal law designed to protect the privacy of a student's education records, including academic, financial and financial aid records. The law applies to all schools that receive funds under a program of the U.S. Department of Education. This act protects your personal information from being distributed to third parties without your consent, unless permitted by law. This form must be completed and returned to the appropriate University office either by fax or mail, before any information can be released to a third party (i.e., spouse, employer, etc.). This form remains on file with the University.

STUDENT INFORMATION:

Student's Name (Last, First, Middle Initial)	Social Security Number
Work Phone Number	Home Phone Number
Street Address	
City	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 80px; height: 20px;"></div> <div style="text-align: right;">ZIP</div> </div>
Email Address	
Date of Birth (Format: YYYY-MM-DD)	[Note: Third Party must give student's date of birth to verify identity when requesting information.]

REASON FOR RELEASE:

RELEASE INFORMATION TO:

Full Name and/or Title of Individual	Company Name
Work Phone Number	Home Phone Number
Street Address	
City	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 80px; height: 20px;"></div> <div style="text-align: right;">ZIP</div> </div>
Email Address	

RELEASE AUTHORIZATION:

Select one of the options below to identify the type of information to be released. Return this form to the corresponding office.

<input type="radio"/> Academic Record Office of the Registrar 650 S. Exeter Street Baltimore, MD 21202 Fax: 410-843-6416	<input type="radio"/> Financial Aid Information Office of Financial Aid 7070 Samuel Morse Drive, Suite 250 Columbia, MD 21046 Fax: 410-209-8026	<input type="radio"/> Information Relating to My Student Account Office of the Bursar 650 S. Exeter Street Baltimore, MD 21202 Fax: 410-843-6614
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SPECIFIC INFORMATION TO BE RELEASED:

I hereby authorize release of the data specified above to the individual named above, for a period of one year from date of receipt.

Student Signature	Date
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