



FERPA Academic Information Release Form

The University of Maryland adheres to a policy of compliance with the Family Education Rights and Privacy Act (FERPA), also known as the Buckley Amendment. As such, it is the policy of the University (1) to permit students to inspect their education records, (2) to limit disclosure to others of personally identifiable information from the education record without student’s prior written consent, and (3) to provide students the opportunity to seek correction of their education record where appropriate.

Full Name: _____

University ID Number: _____

Email Address: _____

Phone Number (Indicate cell or home): _____

Form with checkbox and text: Student DOES NOT authorize release of academic information. Date consent was denied

By signing this release form, I hereby authorize the Department of Behavioral and Community Health and/or the Center for Academic Success and Achievement in the School of Public Health to release my academic information to my parents/legal guardians/family members. Unless revoked in writing, this consent will be effective from the date this release form is signed until I am no longer a student in the Department of Behavioral and Community Health and/or School of Public Health.

Academic information includes, but is not limited to, transcript information, grades, courses taken, GPA, registration status, academic progress, student ID, and enrollment status.

If I do not consent to the release of my academic information and my parents/legal guardians/family members request such information, the Department of Behavioral and Community Health and/or the Center for Academic Success and Achievement in the School of Public Health will inform them that I denied a request for consent.

To revoke consent, a signed and dated letter indicating such must be provided, in person, to an academic advisor in the Department of Behavioral and Community Health. If my parents/legal guardians/family members request academic information after consent has been revoked, they will be informed that I no longer consent to the release of my academic information.

This release form will be kept on file in the Center for Academic Success and Achievement. A complete copy of the University’s Policy for Disclosure of Student Records is available in the online Undergraduate Catalog.

Person(s) to whom access to my academic information may be provided:

- 1. Name: _____ Relationship to Student: _____
2. Name: _____ Relationship to Student: _____
3. Name: _____ Relationship to Student: _____

Student Signature

Date