



Office of the University Registrar
Authorization to Disclose Education Records

Return Completed form to: Office of the University Registrar registrar-help@umd.edu
Phone: (301) 314-8240 | Fax: (301) 314-9568

The University of Maryland recognizes the importance of the role of parents, guardians, and other individuals and entities in the academic success of our students. These parties can influence and provide necessary assistance to students in their academic progress toward graduation. For students who are dependents, for example, it might be desirable for their parents or guardians to have access to information that will assist them in their educational partnership with their students.

The Family Educational Rights and Privacy Act (FERPA) governs the university's policies related to the disclosure of personally identifiable information from the education records of students, and gives students the right to consent to disclosure of their records (<https://president.umd.edu/administration/policies/section-iii-academic-affairs/iii-630a>). This authorization was written in compliance with this federal law and the university's policy.

I, _____, hereby authorize the Office of the University Registrar at the University of Maryland to discuss and/or otherwise disclose specified academic records to the individual listed below:

Grant Access To: _____ **Relationship:** _____

Educational Information: [Please check all that apply]

Registration

Graduation

Grades

Veteran/Active Duty

Transfer Credit

Student Account

Residency

I understand that by signing this authorization and providing photo identification, I am consenting to the release of the education records checked above to the individual herein specified. This release does not permit the disclosure of these records to any other persons, or entities, without my written consent, or as permitted by law.

This release form is effective _____ until _____. *(Note: A release authorization is only permitted for a maximum of one year. If the date specified here is beyond one year from the effective date, a one-year timeframe will ensue.)*

Student Signature: _____ Date: _____

Instructions on how to digitally sign this document can be found [here](#).

Note: Your university ID card or government issued photo identification must be verified with this form. If you are submitting this form electronically, please provide a photocopy of your photo identification along with this form.

For Official Use Only:

Received on: _____ Received by: _____

Verified ID in person