

STUDENT CONSENT TO RELEASE INFORMATION

This release pertains only to The University of Maine, Orono, ME

In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as Amended, The University of Maine will not release student grades, schedules, or financial aid information to parents, spouses, or others, unless written permission is given by the student.

Completed forms should be returned to:

Office of Student Records
The University of Maine
5781 Wingate Hall, Room 100
Orono, Maine 04469-5781
207-581-1288 phone
207-581-1314 fax
umrecord@maine.edu

Student's Name: _____

please print

MaineStreet ID #: _____ Student's Date of Birth: _____

By signing below, I authorize the appropriate offices or personnel at The University of Maine, for the purpose of monitoring my education, to release information regarding my Educational Records which include: Academic, Financial Aid, Billing, Student Employment and UM Student Code of Conduct information. Under no circumstance, will The University release any medical information. *The University may share Educational Records with those people who claimed you on last year's income tax returns, regardless of permissions granted in this form.*

We will not release copies of the student's record to anyone without a signed Transcript Request Form from the student. We will not change a student's information (address, phone, etc.) for anyone other than the student.

Name of parent(s), guardian, spouse or others that you wish to grant permission to:

Name: _____ *Last 4 digits of Social Security Number: _____

Name: _____ *Last 4 digits of Social Security Number: _____

Name: _____ *Last 4 digits of Social Security Number: _____

Name: _____ *Last 4 digits of Social Security Number: _____

** This information will only be used for identification purposes.*

This authorization will remain in effect until it is revoked in writing.

Student Signature: _____ Date: _____