

## AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION

In accordance with the Family Educational Rights and Privacy Act (FERPA), the University will disclose to a third party information from the academic records of a student provided the University has on file the written consent of the student. If you consent for the University to release your educational records, please identify the specific information to be released, the purpose and duration of the release, and to whom it may be released, then sign and return this form to the Merrill Center.

### Requested by (Student):

\_\_\_\_\_

Last Name (Student)	First Name	Middle Name	Student Id Number	Date of Birth
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### Release to (Recipient):

\_\_\_\_\_

Last Name	First Name	Middle Name
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Relationship to Student:  Parent \_\_\_\_\_

Date of Birth	Last 4 digits of SSN
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Other (specify): \_\_\_\_\_

ID or DoB

\_\_\_\_\_

Address

### Education record information to be released:

\*Academic Information (note specifically what information and the means by which it can be conveyed (by phone, email or in writing, etc.):

\_\_\_\_\_

\_\_\_\_\_

Other: (specify)

\_\_\_\_\_

\*Academic transcript will not be released without a signed transcript request form  
Medical information will not be released via this form  
Student bio-demo information (address, phone, etc.) will not be changed for anyone other than the student

### Purpose of release:

\_\_\_\_\_

\_\_\_\_\_

### Duration of release:

\_\_\_\_\_

(Must be specific (i.e., this one time only, 1 year from the date on this form, until I graduate, etc., else release will remain in effect until revoked in writing)

I hereby authorize the University of Maine Farmington to release the specified information to the recipient listed above.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

#### RETURN TO:

University of Maine at Farmington  
Office of the Registrar  
224 Main Street  
Farmington ME 04938  
registrar@umf.maine.edu