



University of Maryland University College

FERPA RELEASE

I, the undersigned, hereby authorize University of Maryland University College to release the specified educational records and information in accordance with this FERPA Release:

Educational Records and Information:

To: _____

For the purpose of:

I understand that this consent shall remain in effect until revoked by me in writing.

Student's Signature

Date

Student's Name (Please Print)

Student Identification Number

Signature of Parent or Guardian
if student is under age 18

Please FAX or mail this form to: University of Maryland University College
Office of Student Affairs, SFSC 2220
3501 University Boulevard East
Adelphi, MD 20783-8070

FAX 301-985-7702