



# UNIVERSITY OF MARYLAND GLOBAL CAMPUS

## STUDENT RECORDS RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of students' Education Records. In accordance with FERPA, it is the policy of University of Maryland Global Campus (UMGC) not to disclose students' Education Records to third parties unless the student provides consent to disclose or as otherwise permitted by law. This form serves as the method in which a student provides that consent. For more information, please refer to UMGC Policy 210.14 *Disclosure of Student Records*.

Student First and Last Name *[Please print]* \_\_\_\_\_

Student Identification Number \_\_\_\_\_

### Education Records to be released *[Check all that apply]*

- Admission Application
- Student Accounts Records (Ex. Billing and Payment records)
- Unofficial UMGC Transcript
- Financial Aid Records
- Official Academic Advisement Report
- Veteran Records (e.g., VA Certification records)
- Military Records
- Other *(Specify to the extent possible)*: \_\_\_\_\_

### Purpose for which the above Education Records are to be released *[Check all that apply]*

- Employment matters (including but not limited to a background check or job reference)
- Legal matters
- Parental access to child's education records
- Other: \_\_\_\_\_

### Recipient of selected Education Records *[Please print]*

\*This release does not permit the disclosure of the identified records to any other persons or entities without my written consent or as permitted by law.

Recipient First and Last Name: \_\_\_\_\_

Preferred Contact Information for Recipient: \_\_\_\_\_

### Release authorization period *[Select one of the following]*

- One-time Release
- Effective from the date this form was signed until \_\_\_\_\_  
Date *(Month/Day/Year)*

Effective from the date this form was signed until six (6) months after the end of the last term in which I was enrolled in a course(s) at UMGC.  
*\*If you selected Tuition Reimbursement as the purpose for release, you are strongly encouraged to select this option for release authorization period.*

**By signing below, I hereby authorize University of Maryland Global Campus to release my above referenced Education Records to the identified recipient for the period specified above. I understand this release may be revoked at any time by submitting a request in writing to the UMGC Office of the Registrar. Furthermore, I affirm that I am the individual named on this form and that I am entitled under FERPA to provide consent to the disclosure detailed above.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE NOTE

- This form does not provide a third party with authority to take action on behalf of you as a student. For another person to take action for you as a student, a power of attorney indicating the person's ability to act on your behalf is required.
- Procedures for requesting official transcripts are available online at [www.umuc.edu/transcripts](http://www.umuc.edu/transcripts). A fee is charged for each official UMGC transcript that is issued.

**HOW TO SUBMIT:** Form can be submitted by sending via US Postal Mail, email, fax, or [in-person](#).

**Mailing Address:** Academic Operations | 3501 University Boulevard East | Adelphi, MD 20783-8070  
240.684.2002 (Fax) | [studentrecords@umgc.edu](mailto:studentrecords@umgc.edu)