



Academic Record FERPA Release Form

Completed forms should be submitted to the Office of the Registrar – 136 Bradley Hall

Office of the Registrar: 16300 Old Emmitsburg Road, Emmitsburg, MD 21727

Tel: (301) 447-5215

Fax: (301) 447-5811

Printed Name of Student _____ MSM Student ID # _____

Student's Permanent Address _____

City _____ State _____ Zip Code _____

Student Phone Number _____ Date _____

Information to be released (check and **initial** next to all boxes that apply):

Slu (example)

_____ Any and all academic information (this includes grades, GPA, major GPA, schedule, class attendance, etc.)

_____ Any and all academic advising information

_____ Please ONLY release the following information: _____

I request that the selected information above be released to the following individual:

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relation to Student: _____

Purpose for release: _____

I understand that pursuant to the Family Educational Rights and Privacy Act of 1974 certain information from my education records cannot be disclosed without my written authorization. By signing below, I request, authorize, and consent to the disclosure of the information from my education records listed above to the party listed above. I understand that (1) I have a right not to authorize the disclosure of information in my education records; and (2) this authorization shall remain in effect during my enrollment unless revoked in writing by me.

Student Signature: _____ Date: _____