

## Permission to Release Student Records FERPA

The Family Educational Rights and privacy Act (FERPA) is a Federal Law that protects the privacy of a student's educational record. Detailed information can be found on the UB website:

[www.ubalt.edu/ferpa](http://www.ubalt.edu/ferpa)

The undersigned student permits the University of Baltimore to disclose specified information to individuals or organizations. Students authorizing the release of their educational records must sign and present this form to the Office of Records and Registration with a photo ID.

**Please provide a password to obtain information via the phone:** \_\_\_\_\_

The password must be a combination of 8 - 10 letters and numbers that you can provide to the individuals or agencies below. The information will not be released to the caller if they do not have the password.

### Student information

\_\_\_\_\_

last name, first name

\_\_\_\_\_

student ID number

\_\_\_\_\_

address

\_\_\_\_\_

city, state, zip

### Recipient information

\_\_\_\_\_

last name, first name or organization name

\_\_\_\_\_

relationship: parent/guardian, spouse, other

\_\_\_\_\_

address

\_\_\_\_\_

city, state, zip

Indicate the records you wish to release:

\_\_\_\_\_ **All Academic Records** (grades, schedules, registration, academic status, and other information as it relates to student's academics).

\_\_\_\_\_ **All Financial Records** (status of awards and disbursements, billing, financial holds, scholarships and other information as it relates to student's financial account).

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

Office of Records and Registration processing:

By: \_\_\_\_\_ Date: \_\_\_\_\_

This form will remain in effect until the student revokes access or is no longer enrolled at the University of Baltimore.

### REVOKE ACCESS

I understand that I may revoke this consent at any time by signing below and forwarding the request to the Office of Records and Registration.

I hereby cancel all permissions to release information effective: \_\_\_\_\_

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

Office of Records and Registration

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

### Forward completed form to:

University of Baltimore | Office of Records and Registration  
Academic Center, Room 126 | 1420 N. Charles St. Baltimore, MD 21201  
E: records@ubalt.edu | T: 410.837.4825 | F: 410.837.4820