



NOTRE DAME OF MARYLAND UNIVERSITY

4701 North Charles Street
Baltimore, MD 21210

Phone: 410-532-5327/Fax: 410-532-5789/email: registrar@ndm.edu

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

STUDENT _____ **SSN (LAST**
NAME _____ **4 DIGITS) XXX-XX** ____ Date of birth ____/____/____

The Family Educational Rights and Privacy Act (FERPA) requires Notre Dame of Maryland University to release educational record information **only** to the student. The student may, however, authorize another person to obtain their personal information by completing this form. The named person will have the ability to access the student's academic record, financial aid, student life and billing information.

I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing Notre Dame of Maryland University to share any requested information concerning my academic record, financial aid, student life and billing information to the individual (s) named below:

<i>Name (Printed)</i>	<i>Relationship to Student</i>	<i>Date of Birth</i>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

I authorize access to the following areas of information:

- Billing information** including statements, charges, payments, balances, refunds or collection activity
- Academic records** including grades, transcripts and enrollment verification information
- Financial Aid information** including awards, disbursements and eligibility and loan information
- General student life information** including housing and student activities information
- Disability Services records** including documentation of student disabilities and requests for support services and follow-up actions
- Counseling Services information** including any individual/group counseling records, crisis intervention and/or outside referrals

I also understand this authorization will remain in effect until I submit a written request to cancel this authorization.

SIGNATURE

DATE

This form may be submitted to the Business, Financial Aid, or Registrar Office in Gibbons or Theresa Hall.

FOR OFFICE USE ONLY: Date received _____ Date entered _____ by _____

Code = RGFERPA; list any/all of the categories approved in space provided under code in CRI