

STUDENT CONSENT TO RELEASE INFORMATION

This release pertains only to The University of Maine at Presque Isle

In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as Amended, The University of Maine at Presque Isle will not release student grades, schedules, or financial aid information to parents, spouses, or others, unless written permission is given by the student.

Completed forms should be returned to:

Registrar's Office
The University of Maine at Presque Isle
231 Preble Hall
Presque Isle, Maine 04769
207-768-9581 phone
207-768-9458 fax

Student's Name: _____

Please print

MaineStreet ID#: _____ Student's Date of Birth: _____

By signing below, I authorize the appropriate offices or personnel at The University of Maine at Presque Isle to release information regarding my Educational Records which include: Academic, Financial Aid, Billing, Student Employment and UMPI Student Code of Conduct information. Under no circumstance will The University release any medical information. *The University may share Educational Records with those people who claimed you on last year's income tax returns, regardless of permissions granted in this form.*

We will not release copies of the student's record to anyone without a signed Transcript Request Form from the student. We will not change a student's information (address, phone, etc.) or do pin resets for anyone other than the student.

Name of parent(s), guardian, spouse or others who you wish to grant permission to:

Name: _____ *Last 4 digits of Social Security Number: _____

Name: _____ *Last 4 digits of Social Security Number: _____

Name: _____ *Last 4 digits of Social Security Number: _____

Name: _____ *Last 4 digits of Social Security Number: _____

This information will only be used for identification purposes

This authorization will remain in effect until it is revoked in writing.

Student Signature: _____ Date: _____