

Office of University Registrar
 Foster Administration Building, Room 116
 285 Old Westport Road
 Dartmouth, MA 02747

Phone: 508.999.8615
 Fax: 508.999.8633
 Email: Registrar@umassd.edu

FERPA AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, protects the privacy of educational records, establishes the rights of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings. This release applies to the disclosure of educational records. The student authorizing the release of his/her educational records must sign this form before UMass Dartmouth can release specified information. Third party release is for informational purposes only. For more information on FERPA, visit <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Student Last Name	Student First Name	Student ID
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Person(s) to whom information may be released:

Last Name	First Name	Relationship to Student
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Information to be released:

- All Academic Records (Includes grades, transcript, academic advising notes, etc.)**
- All Financial Records (Includes billing, financial aid, scholarships, grants, loans, etc.)**
- Only information specified below:**

This will be in effect:

As long as I am a student at UMass Dartmouth.

From: **Until:**

The above information will be released with my full consent. I understand that this authorization remains in effect for the time specified. I must send a written letter to revoke this authorization prior to the expiration date I have indicated, if I choose to end it sooner.

Student Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Return completed form to the Registrar's Office, UMass Dartmouth, 285 Old Westport Road, Dartmouth, MA 02747 or registrar@umassd.edu