AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION

I, ____________________________________, a University of Maryland student, certify that I am aware that my University records are confidential in nature under the Family Educational Rights and Privacy Act of 1975 and cannot be released or divulged to another person without my consent.

Knowing this, I nevertheless freely and voluntarily release to ____________________________________ and/or its staff, any records of mine for copying or inspecting that they deem necessary.

I agree to hold the University of Maryland harmless for their actions in releasing this information.

__________________________________
Student’s Name

__________________________________
University Identification Number

__________________________________
Date