

Office Use Only

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Registration & Scheduling Services 140 Luther Bonney, Portland Campus 107 Bailey Hall, Gorham Campus TEL (207) 780-5230 TTY (207) 780-5646 FAX (207) 780-5517 registerusm@maine.edu usm.maine.edu/reg

STUDENT CONSENT TO RELEASE INFORMATION

This release pertains only to the University of Southern Maine

In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as Amended, The University of Southern Maine will not release student grades, schedules, or financial aid information to parents, spouses, or others, unless written permission is given by the student or where allowed by federal regulation. For additional FERPA information, visit the Registration & Scheduling Services website at www.usm.maine.edu/reg. Student's Name: Please print MaineStreet ID #: _____ Student's Date of Birth: _____ (7 digits) Education records to be released (check all that apply) Student Code of Conduct Information Academic Information Financial Aid* & Student Account Information **Student Employment Information**

Under	no circums	tance will t	he University release any	y medical information.
Stude	nt informat	tion (addre	ess, phone, etc.) will not	e released to anyone without a signed Transcript Request Form to be changed for anyone other than the student. Registration to communication with the student.
*The	Financial A	id Office v	vill not release persona	l tax information to anyone other than the taxpayer
Tl Add	ne following Remove	; individual	(s) is authorized to acces	ss education record information indicated above:
		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 w	ill remain in effect until it is revoked in writing.
Student's Signature:				Date:
Sou	ıthern Main	e, PO Box		Scheduling Services or Student Financial Services, University of 104. Send faxes to: Registration & Scheduling Services at (207)
Reg	istration & Sch	eduling Servi	ces 02/2020	