Institute of Applied Agriculture

FERPA RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. In accordance with FERPA, it is the University of Maryland's policy to withhold certain educational records unless the student provides consent to disclose information. The purpose of this form is to provide said consent to the specific employee of the Institute of Applied Agriculture named below only. No other person from the Institute of Applied Agriculture or any other UM department, college, or administrative office may utilize this form.

Please identify the person for whom the undersigned authorizes release for educational records and information (the instructor, advisor, etc.).

I, the undersigned, hereby authorize (name)_____ at the Institute of Applied Agriculture at the University of Maryland to release/discuss the specified educational records and information for the (e.g. Spring 20XX)_____ Semester (please initial all that apply):

- ____ Grades for current academic year
- ____ Current unofficial UMD transcript
- ____ Current course performance, including current grades or details about assignments
- ____ Current class schedule
- ____ Transfer credit evaluation
- ____ Approved 2-year advising guide

Permission is granted to share this information with the following parties:

Name: _____ Relationship: _____

This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law. Only the person named on this form may disclose protected information, and only during the semester specified on this form and in the categories initialed on this form.

I understand that I may withdraw this consent for any reason and at any time; to do so I must provide a copy of my request (in writing, signed & dated) to the Institute of Applied Agriculture office and the person named above.

_____ _____

Student Name (print) Student UID

_____ _____

Student Signature Date

_____ _____

Parent/Guardian Signature (if student is under 18 years of age) Date

Please submit the completed form via email or in person directly to the IAA employee named above or mail it to the IAA.

Mailing address:
3300 Symons Hall, 7998 Regents Drive
College Park, MD 20742
Office Phone: 301-405-4685