



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 class schedule
- Current unofficial UMD transcript
- Transfer credit evaluation
- Current course performance, including current grades or details about assignments
- 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:
2123 Jull Hall, 4196 Stadium Drive
College Park, MD 20742
Office Phone: 301-405-4685