REQUEST TO DISCLOSE INFORMATION
TO PARENT(S) OR GUARDIAN(S)

By completing this form, the student is granting the University permission to release academic and financial information to designated individual(s).

Date: _______________ Semester/Term: _______________ ID# _______________

Name: ____________________________________________________________

Print Last Name ____________________________________________ First Name ____________________________ Middle

I am requesting that the University release academic and financial information to:

___________________________________________ ________________________________
Print Name of Person Relation (e.g. parent or guardian)

___________________________________________ ________________________________
Print Name of Person Relation (e.g. parent or guardian)

I understand that the disclosure of information will be valid for only one semester/session and I am responsible for submitting a new form each semester/session if I wish to have information released. I also understand that I must submit a typed and signed request if I wish to change this disclosure or prohibit disclosure of academic and financial information. The form must be submitted to Records and Registration or Student Accounts or Financial Aid.

___________________________________________ ________________________________
Student’s Signature Date

Office of Financial Aid: Telephone: 410-951-3636 Fax: 410-951-2551
Office of Student Accounts: Telephone: 410-951-3677 Fax: 410-951-3678
Office of Records and Registration: Telephone: 410-951-3700 Fax: 410-951-3713

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