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: ____________________________  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

Revised: March 2016