



UNIVERSITY OF MAINE AT FORT KENT STUDENT CONSENT TO RELEASE INFORMATION

This release pertains only to the **University of Maine at Fort Kent**.

In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as Amended, the University of Maine at Fort Kent will not release student grades, schedules, or financial aid information to parents, spouses, or others, unless written permission is given by the student.

Completed forms should be returned to:

Registrar's Office
University of Maine at Fort Kent
23 University Drive
Fort Kent, ME 04743
207-834-7520 - phone
207-834-7887 - fax
www.umfkgreg@maine.edu - email

Student's Name: _____ SS Number _____ - _____ - _____
(please print)

By signing below, I authorize the appropriate offices or personnel at the University of Maine at Fort Kent to release information regarding my Educational records which include: Academic, Financial Aid, Billing, and Student Employment information. Under no circumstance, will the University release any medical information. The University may share Educational Records with those people who claimed you on last year's income tax returns, regardless of permissions granted in this form.

Name of parent(s), guardian, spouse or others that you wish to grant permission to:

Name: _____ Last 4 digits of SSN: _____

Name: _____ Last 4 digits of SSN: _____

Name: _____ Last 4 digits of SSN: _____

Name: _____ Last 4 digits of SSN: _____

This authorization will remain in effect until it is revoked **in writing with the Registrar's Office**.

Student Signature: _____ Date: _____