



# University of Maryland University College *Asia*

## FERPA RELEASE

I, the undersigned, hereby authorize University of Maryland University College to release the specified educational records and information in accordance with this FERPA Release:

Educational Records and Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_

For the purpose of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this consent shall remain in effect until revoked by me in writing.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Student Identification Number

\_\_\_\_\_  
Signature of Parent or Guardian  
if student is under age 18

Please FAX or mail this form to: University of Maryland University College Asia  
Office of Student Affairs  
Unit 5060 Box 0100  
APO AP 96328-0100  
  
FAX: DSN 225-8485