

Student's Name _____ Campus ID _____

AUTHORIZATION TO DISCLOSE INFORMATION

The Family Education Rights and Privacy Act (FERPA) addresses the privacy of students by prohibiting the disclosure of most personally identifiable information contained in the student's education records. Information within the student's education record, generally, may not be released without the student's written consent. In compliance with FERPA and due to the highly confidential nature of financial data, the University of Maryland, Baltimore County requires this disclosure form be completed to allow UMBC to discuss a student's financial information (including billing, financial aid, and scholarships) with anyone other than the student.

I authorize UMBC to disclose my financial information (including Financial Aid, Scholarships and Billing) to:

| Full Name | Relationship | Email Address |
|-----------|--------------|---------------|
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I authorize the above named person(s) access to my financial aid, scholarship and billing information at UMBC until revoked. Requests to add or remove authorized inquirers will be accepted by completion of a new disclosure form.

Student's Signature _____ Today's Date _____

Please return completed form to:

Student Business Services
1000 Hilltop Circle
3rd Floor Admin Bldg
Baltimore MD 21250
Tel: (410) 455-2288
Fax: (410) 455-1821

OR

Office of Financial Aid & Scholarships
1000 Hilltop Circle
Library, Pondsides
Baltimore, MD 21250
Tel: 410-455-2387
Fax: 410-455-3322