

BUSINESS SERVICES

Student Accounts

Lommasson Center 231

Missoula, MT 59812

**Phone (406) 243-2223**

Fax: (406) 243-4867

**RELEASE OF CONFIDENTIAL STUDENT FINANCIAL RECORDS**

In accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99) known as the Buckley Amendments and the Montana Code Annotated (MCA) 20-25-511, the University of Montana may release non-directory information or records concerning a student’s account only upon the written consent of the student or to certain persons or entities described in the statutes.

If you wish for UM to discuss or release information concerning your student financial records, you must complete, sign, and return this form to the University of Montana, Business Services, Lommasson Center.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the University of Montana to discuss or release

(please print)

information concerning my student financial records to the following person(s) and/or organization(s):

Name of Person/Organization Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student Signature Student ID# Date**

I understand that this release will be in effect and honored until I personally revoke this privilege in writing to University of Montana, Business Services, 32 Campus Drive, Missoula, MT 59812.

**NOTICE**: Faxed copies of this form will not be accepted. If mailed, this form must be notarized to be accepted. Forms which are handed in by the student to a cashier in Griz Central do not need to be notarized.

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| State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed and sworn before me this \_\_\_\_ day of \_\_\_\_\_\_\_  20\_\_\_\_\_by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Notary  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Name (typed, stamped, or printed)  Notary Public for the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Notary’s Seal |