Office of the Registrar
Aber Hall 623
Missoula, MT 59812

Release of Education Record Request

Student ID (79#): _____ Student's Name: _____

FERPA and State Law Privacy Notice

The federal Family Education Rights and Privacy Act of 1974 (FERPA) and Montana law allows students to control outside access to their education records, including requests for information by their parents, guardians, or others designated by the student. Without a student's written consent, and unless there is a legal exemption permitting disclosure, the University of Montana will not disclose information from a student's education records to outside third parties.

I, the student listed above, authorize the University of Montana to release my education records indicated below to the individual(s)/organization(s) listed below:

Education Records & Information to be released (check all applicable):

- ☐ Financial Aid Records, including FAFSA and award packaging information
- ☐ Academic Records, such as class registration and academic standing. (Note: Some records cannot be released over the phone)
- ☐ Disability-related documentation submitted to the Office for Disability Equity (ODE)
- ☐ Student Account Records, such as billing and payment records, including health center charges
- ☐ Other (describe with sufficient detail):

_____

_____

The education records listed above may only be released to the following listed persons or organizations:

	NAME	EMAIL	RELATIONSHIP TO YOU
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I understand as a student of the University of Montana, my education records are protected under Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. §1232g, 34 CFR Part 99, and § 20-25-511 and 515 M.C.A. I understand that under FERPA, the University of Montana has the right to allow UM employees with a legitimate educational interest access to my student records without my express consent.

I hereby grant authorization to the University of Montana to release my above referenced education records to the parties listed on this form.

I understand that this release will be in effect and honored until I personally submit a written request to revoke this release.

To submit this form, you must either:

- Sign form and email it, along with a copy of a government-issued photo ID, to OfficeoftheRegistrar@umontana.edu from your UM Student email account; or
- Sign form in the presence of a UM official (witness) and present a government-issued photo ID; or
- Sign form in the presence of a notary, then either mail, fax, or physically drop a hard copy off to our offices.

Signature: _____ **Date**: _____

Witness Printed Name: _____ **Title:** _____

Witness Signature: _____ **Date:** _____

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 _____	Notary's Seal

Office Use: Data Entry By: _____ Date: _____