



RELEASE OF EDUCATION RECORD REQUEST

790-_____ Student ID number (790) _____ Student's Name (Last, First)

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 statutory 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 on the 2nd page of this form:

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

- Transcripts, including course grades and Grade Point Average (GPA) information
- Financial Aid Records, including FAFSA and award packaging information
- Recommendations for employment or admission to other institutions
- Student Account Records (e.g. 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	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 and § 20-25-515 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. Under state law, absent a subpoena or court order, my express permission is required for a release of my student record.

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 or after five years, whichever is earlier.

This form must be signed by the student in the presence of a university employee (witness), along with proof of the student's identity. If this form is being completed elsewhere, it must be signed in the presence of a notary and notarized before being forwarded to the University. The form may be faxed or scanned into a pdf so long as the notary information can be viewed

You may email your completed form from your student email account in lieu of a physical signature and witness or Notary. forms can be emailed to admiss@umontana.edu

Student's 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
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