



## Family Educational Rights and Privacy Act (120 U.S.C. 1232G)

### Authorization to Release Information

I, \_\_\_\_\_  
Student Name (please print)

Give my permission to the University of Maryland, Baltimore, and its School of Nursing, to release any and all information about me from my educational records to:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date