



University of Maryland Eastern Shore
School of Pharmacy

Consent for Disclosure of Student Educational Records

Family Education Rights and Privacy Act is a federal law designed to protect the privacy of a student’s educational records. Educational records are all records that contain information directly related to a student; and are maintained by an educational agency or institution or by a party acting for the agency or institution. All FERPA rights transfer from the parent to the student when a student attends a postsecondary institution, regardless of parental information that may have been required when applying for admission. Therefore, the School of Pharmacy employees are unable to discuss matters with members of the student’s family (parent, spouse, sibling, grandparent, etc) or previous institutions without the express written consent from the student. Should you wish that your student records be shared with another person, please complete the FERPA release below and return to the Office of Student Affairs in the School of Pharmacy.

A school must:

- *Have a parent's consent prior to the disclosure of education records;*
- *Ensure that the consent is signed and dated and states the purpose of the disclosure.*

A school MAY disclose education records without consent when:

- *The disclosure is to school officials who have been determined to have legitimate educational interests as set forth in the school district's annual notification of rights to parents;*
- *The student is seeking or intending to enroll in another school;*
- *The disclosure is to state or local educational authorities auditing or evaluating Federal or State supported education programs or enforcing Federal laws which relate to those programs;*
- *The disclosure is pursuant to a lawfully issued court order or subpoena; and*
- *The information disclosed has been appropriately designated as directory information by the school.*

In accordance with the Family Education Rights and Privacy Act, I authorize the release of academic information to the individual(s) or institution named below:

Legal Name of Individuals to Receive Information:	Relationship to Student:
University of Maryland Eastern Shore School of Pharmacy	Potential Pharm.D. Program

Student Name: _____

Student ID: _____

Student Signature: _____