

School of Pharmacy
Release of Confidential Information
Rev. 11/21/08

Consent for Release of Student Information

I understand that my records are protected under FERPA. My signature below authorizes release of the requested information in this form and supersedes my preferences noted in SURFs.

As a student in the University of Maryland School of Pharmacy, I

_____ authorize _____
(student name) (faculty name)

to release the following types of information in writing a letter of recommendation on my behalf.:

_____ grade information

_____ class rank

_____ personal characteristics

_____ disciplinary issues

_____ other information, specifically _____

Signed: _____
(Student Signature)

Date: _____