

# Authorization for Release of Academic Information



In accordance with the federal Family Educational Rights and Privacy Act of 1974, all information regarding a student's academic record is considered private between the student and the university and requires a written release for discussion of this information with a third party.

*Even parents or guardians* cannot obtain information about your academic performance from the University, because University officials may not legally release such information.

For a variety of reasons, you may wish to partially waive this protection and permit release of some types of information to certain people. Other offices on campus may also require a separate release form.

\*Please complete form in ink and print legibly

Student Name _____	SPIRE ID# _____
UMass Email _____	Best Phone # _____

\*Persons to whom information may be released:

_____ (Print name and relationship)	_____ (Print name and relationship)
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_____ (Specific Information to be released)
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I hereby authorize the Department of Veterinary and Animal Sciences to release any academic information contained in my academic records, both printed and electronic to the designated persons listed above. This authorization expires when I indicate otherwise, when I leave the Department of Veterinary and Animal Sciences, or when I submit a new authorization form.

_____ Student's Signature	_____ Date
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**PLEASE RETURN THIS FORM TO YOUR ACADEMIC ADVISOR.**

1. This form does not apply to medical or psychological records in accordance with HIPPA regulations. You must contact the University Health Services or the Mental Health Services to obtain the necessary form for release of medical information.
2. If you want to change or revoke this information at any time, you must inform the Academic Dean's Office in writing of your request.