LOYOLA
UNIVERSITY MARYLAND
Office of the Registrar
4501 N. Charles Street
Baltimore, MD 21210-2699

Authorization to Disclose Non-Directory Information

– IMPORTANT –

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the University does not disclose information from the education records of a student unless the University has on file written consent from the student. Please specify the record that may be disclosed, state the purpose of the disclosure, and identify the party to whom the disclosure may be made. Please sign below and return to the Office of the Registrar if you consent for the University to release your education records. **Unless you specify otherwise, this consent remains in effect during your entire enrollment at Loyola University Maryland.**

Access to Grades: This authorization form excludes access to grades. Under FERPA, grades are considered personally identifiable and confidential information and require the consent of the student for viewing. Within Self- Service, the student consents to the authorized disclosure of confidential information when the proxy is granted or assigned access to individual services.

Midterm and Final grades are available through Self-Service. Students and their designees access grades online exclusively using Self-Service (proxy access). Students should refer to the Parent Access website (https://www.loyola.edu/department/financial-services/parent-portal) for instructions on granting or revoking proxy access.

Student Name: _____ _____
(Last Name) (First Name) (M.I.)

Student ID Number: _____ Phone Number: _____

Student E-mail: _____

Person(s) or organization(s) to whom or to which educational information may be discussed:

Primary Name/Organization: _____ _____
(Last Name) (First Name)

Phone Number: _____ E-mail: _____

Relationship to the Student: _____

Secondary Name/Organization: _____ _____
(Last Name) (First Name)

Phone Number: _____ E-mail: _____

Relationship to the Student: _____

Purpose(s) for disclosure of educational information: (Include in this section any information which you, the student, give permission to be discussed. i.e. academics, financial information, student health and well-being, other [specify]. Only those items listed will be discussed with the person(s) or organization(s) listed above.)

_____

_____

_____

I hereby give my consent and grant authorization to Loyola University Maryland to discuss educational information as specified above to the party or parties named above.

Student's Printed Name: _____

Student Signature: _____ Date: _____