



**University of Maine at Machias
Release of Financial Information**

This release pertains only to the University of Maine at Machias

In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, the University of Maine at Machias will not release education records to parents, spouses or others, unless written permission is given by the student.

Students Name: _____

Date of Birth: _____ Maine Street ID : _____

By signing below, I (circle one) **authorize** or **revoke the authorization for**
the appropriate offices or personnel at the University of Maine at Machias, to release information
regarding the following education records:

Student Account Information

Financial Aid Information

to:

Name _____ Last 4 digits of SSN* _____

Name _____ Last 4 digits of SSN* _____

Name _____ Last 4 digits of SSN* _____

for purposes of supporting my education.

I understand that academic, disciplinary, employment, medical and health information are not covered by this release.

I hereby waive any legal privilege which I may have in connection with the release of the records, information and documents described above. This authorization will remain in effect until it is revoked in writing.

I understand that signing this form is voluntary and not required by the University

Student Signature

Date

*This information used for identification purposes only.

Please return form to UMM Business Office, University of Maine at Machias, 116 O'Brien Avenue, Machias, ME 04654 or by fax at 207.255.1466