

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.

Student's Name: _____

Date of Birth: _____ MaineStreet ID: _____

By signing below, I 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 Ave, Machias, ME 04654 (Fax: 255-1466)