RELEASE OF CONFIDENTIAL INFORMATION

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 the Experiential Learning Office to release the following types of information in writing or verbally on my behalf:

_______ Rotation Schedules
_______ Grade Information
_______ Evaluations/Feedback from Preceptors
_______ Disciplinary Issues
_______ Rotation Failures
_______ Other Information, specifically: __________________________________________

Signed: __________________________________________

(Student Signature)

Date: __________________________________________