UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Family Educational Rights and Privacy Act
Request for RELEASE AND AUTHORIZATION

With your permission, the School of Medicine would like the ability to include information about you (name, undergraduate degree and school, class year, photographs, hometown, awards, honors and post-graduate plans, etc.) for various events, programs, and publications hosted by the school during your time in medical school. These events include:

- Medical Family Day and White Coat Ceremony
- Legislative Day
- Humanism Honor Society/Gold Foundation
- Student Clinician Ceremony
- Junior Orientation
- Alpha Omega Alpha
- Match Day
- School of Medicine Awards

Almost all of the information noted above is directory information under the Federal Education Rights and Privacy Act. Thus, the School is bound by the disclosure authorization options you designate in your SURFS records. However, the School would like to give you the option to authorize the School of Medicine to release information about you in association with School of Medicine events, such as those listed above. Your authorization is only to the School of Medicine and it supersedes your designations in SURFS only for uses by the School of Medicine. Your SURFS designations will still apply for all other UMB Campus purposes. Your authorization will remain in effect until you notify the School of Medicine in writing that you withdraw your separate authorization.

_____ I AUTHORIZE the School of Medicine to disclose my directory and non-directory information as listed above, for the purposes described above. I understand my authorization will remain in effect until revoked by me in writing and delivered to the School of Medicine Office of Student Affairs. I understand any revocation of this authorization will not affect disclosures previously made prior to the School's receipt of my revocation. I understand my designations in SURFS serve as the official record of my directory information disclosure options for all other purposes and they control for purposes such as graduation publications and official requests for disclosure made to the UMB Campus.

_____ I DO NOT AUTHORIZE the School of Medicine to disclose my directory and non-directory information other than as I have designated in my SURFS record.

Printed Name: _____ Date: _____

Student Signature: _____ Campus Email Address: _____

Thank you for your cooperation in this matter. Should you have any questions or need additional information, please contact Donna Parker, Associate Dean for Student Affairs, dparker@som.umaryland.edu or ext. 6-7476.