



**Graduate Student Legal Aid Office  
University of Maryland**

**AUTHORIZATION TO RELEASE CONFIDENTIAL  
INFORMATION**

I (print name), \_\_\_\_\_, a University of Maryland student, certify that I am aware that under the Family Educational Rights and Privacy Act of 1975 my university records are confidential in nature and cannot be released or divulged to another person without my consent.

Knowing this, I freely and voluntarily release to the Graduate Student Legal Aid Office any records of mine that it deems necessary to assist it in representing me in regard to the *Code of Academic Integrity*, *Code of Student Conduct*, or *Resident Life's Rights and Responsibilities*.

I agree to hold the University of Maryland harmless for its action in releasing my records to the Graduate Student Legal Aid Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
UID