



**AUTHORIZATION TO RELEASE INFORMATION
FERPA RELEASE FORM**

General Information

University of the Potomac ensures confidentiality of student records in accordance with the Family Educational Rights and Privacy Act (FERPA), as outlined in the University's Catalog. As a consequence, the University will not share academic and/or enrollment information (with the exception of directory information shared INTERNALLY) with anyone unless you specifically designate them as someone authorized to obtain this information. Exceptions include Law Enforcement with proper identification. By signing below, you authorize University of the Potomac to release information contained within your educational records to the named individual(s).

Authorization

I, _____, hereby authorize University of the Potomac to provide the following individual(s) with copies of educational related documents as listed below. I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily:

Name and address of individual: WELLSPRING INTERNATIONAL _____

Name and address of individual: _____

Student Information

Student Name (Last, First, MI): _____

Address, City and State: _____

Telephone number: H: _____ C: _____

Information or Documents Authorized for Release:

Student academic report

Student enrollment status

Other (Please explain in detail): _____

Signature

By signing below, I consent to the release of the above listed information and/or documents. I understand that the authorization to release information must be updated as information changes.

Printed Name of Student:

Student Signature: _____ Date: _____

UOTP Official Signature: _____ Date: _____