

**AUTHORIZATION TO RELEASE
INFORMATION**

I, _____,

give my permission to the University of Maryland School Medicine (UMSOM) and the University of Maryland, Baltimore to discuss all aspects of my UMSOM admission, enrollment, matriculation and separation, and to share and release all information from my educational records. Information may include but is not limited to my status while at UMSOM, academic programs, activities, performance, progression, and any disciplinary and remedial processes.

UMSOM may discuss, share, and release information described above to the following organizations or entities, including but not limited to medical schools, universities, institutions, licensing, regulatory, education, training, and credentials verification authority of any state, province, or country in which I hold or may have held a license to practice my profession, any hospital clinic, and other medical facilities, government agency (local, provincial, state, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives which directly contacts the UMSOM and requests information about me, so long as that medical school provides UMSOM with a written authorization signed by me, allowing that organization/entity and UMSOM to exchange information about me.

This permission goes to both written documents and oral communications.

I may revoke this authorization at any time by submitting my revocation request in writing to the UMSOM Office of Student Affairs.

[Student's Signature]

Date

FERPA Authorization