

# DRAFT

## FERPA CONSENT TO RELEASE STUDENT INFORMATION

To: \_\_\_\_\_

(Name of University Official and Department that will be releasing educational records)

Please provide information from the educational records of \_\_\_\_\_  
[Name of Student requesting the release of educational records] to the Maryland Institute for Emergency  
Medical Services System (MIEMSS).

The only type of information that is to be released under this consent is: The status of the undersigned student as it pertains to the student's progression through the academic program.

The information is to be released for the following purpose: For maintenance on a portal being developed by MIEMSS that will be accessible to the Maryland Department of Health and Maryland hospitals that are seeking to employ nursing students to alleviate staffing shortages arising from the COVID-19 pandemic.

I understand that the information described above may be uploaded directly to a portal being developed and maintained MIEMSS that will be accessible to the Maryland Department of Health and Maryland hospitals. I have a right to inspect any written records released pursuant to this Consent. I understand that I may revoke this Consent upon providing written notice to \_\_\_\_\_  
[Name of Person listed above as the University Official permitted to release the educational records]. I further understand that until this revocation is made, this consent shall remain in effect for the specific purpose described above.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Date of birth \_\_\_\_\_

Student ID Number \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_