The University of Montana – Helena
COLLEGE OF TECHNOLOGY

Request to Release Information

In accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, UM-Helena will only disclose confidential information from the education records of students to parents, spouses, or other third parties provided there is a written consent from the student on file. This form will also need to be completed if a student wishes to receive information about his or her account over the phone.

This information release is intended for use only by the offices listed below:

Admissions Office	Registrar's Office	Financial Aid Office
Business Office	Disability Services	TRIO Office
Advising, Learning, and Career Center		VA Benefits

Student Information

Name (Last, First, Middle Initial) _____ Student ID Number _____

Third Party Designee

This part only needs to be completed if you would like information released to a third party. You will need to complete a form for each third party contact. If you would like to talk about your account over the phone, please continue to Authentication.

Name (First, Last, Middle Initial) _____ Daytime Phone _____

Current Address _____ Email Address _____

Please check the types of information you wish to be released:

- ☐ Application status, transfer evaluations, and/or residency status
- ☐ Grades/GPA, demographic, registration, academic standing, transcripts, placement scores, and/or graduation
- ☐ Billing Statements, charges, credits, payments, past due amounts, and/or collection activity
- ☐ Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress
- ☐ Participation and information related to Disability Services, VA Benefits, TRIO Student Support Services

Authentication

Please **choose one** question that will serve as the authentication question and provide the answer in the appropriate blank. When you or your third party designee calls for information, the answer to the appropriate question must be given. If you or your third party contact cannot answer the question and provide your student ID number, the information will not be released.

Elementary School _____ Favorite Teacher's Name _____ Favorite Pet's Name _____ First Automobile _____

Authorization

By signing below, I consent that UM-Helena may disclose and discuss confidential information from my education record with me or the individuals listed above. *This release form will remain valid through my enrollment at UM-Helena unless specifically revoked in writing.*

Student Signature _____ Date _____