FERPA INFORMATION RELEASE FORM
(OPTIONAL)

________________________________________  ____________________
Print Student Name                       Student ID Number

Under the provisions of the Family Education Rights and Privacy Act of 1974 (FERPA), non-directory information pertaining to the student’s educational record can only be released to the student, unless the student gives the Academy written permission to release this information to others.

By signing this form, you are giving MMA permission to discuss specific elements your educational records with designated individuals. This permission will remain in effect for as long as you are enrolled at MMA.

I hereby give my permission to the Massachusetts Maritime Academy to discuss the information checked below:

☐ Financial Aid Information  ☐ Student Billing Information

With the individual(s) listed below:

__________________________________  ____________________
Name of Individual               Relationship to student

__________________________________  ____________________
Name of Individual               Relationship to student

By signing this form, you are only granting permission for the Financial Aid and Business Office to discuss your financial records with the individuals indicated above. This form does not encompass academic records (grades, schedules, etc.) nor does it encompass health or disciplinary records from COMCAD, or any other student records at MMA.

I understand that I may relinquish these rights by submitting a written change to the Financial Aid Office at any time. I understand that I will continue to receive information regarding my educational records and that this release form does not change that process.

________________________________________  _________________
Student Signature                  Date

Completed forms should be submitted to the MMA Financial Aid Office, 101 Academy Drive, Buzzards Bay, 02532