

**Allegany College of Maryland  
Student Financial Aid Office  
FERPA PERMISSION FORM**

**12401 Willowbrook Road, SE  
Cumberland, MD 21502-2596**

**301-784-5213**

The Federal Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy of a student's educational records. In compliance with FERPA, the Allegany College of Maryland Student Financial Aid Office is unable to disclose financial aid information to anyone other than the student without a signed release form.

(Exception: Financial aid information will be provided to offices or persons within the college who assist with the administration of the financial aid programs, as well as to organizations and government entities that require the information to award financial assistance or that require reports or other data to be submitted in order to remain in compliance with federal and state regulations.)

Student Name \_\_\_\_\_  
Student Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

This authorization is valid only for the CURRENT ACADEMIC YEAR \_\_\_\_\_

I authorize the ACM Financial Aid Office to discuss my financial aid and/or release financial aid information to the following individual(s):

Name	Address	Phone	Relationship to Student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My signature below indicates that I understand my rights under FERPA, that I authorize the ACM Financial Aid Office to discuss my financial aid records with the individuals listed above, and that I have the right to revoke this authorization at any time by notifying the FAO in writing that I wish to cancel it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM CANNOT BE FAXED. Please return signed form with original signatures to the ACM Student Financial Aid Office.**