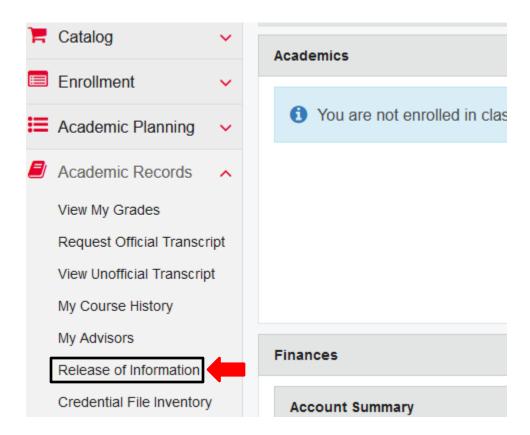
## **Release of Information Process**

Log into PAWS using your FSU credentials (Username/Password) --- https://paws.frostburg.edu

Under Academic Records, select Release of Information within the drop-down box.



Fill out the electronic version of the  $\underline{\text{AUTHORITY FOR RELEASE OF INFORMATION}}$  form.

After completing the form click the save button in the bottom right-hand corner.

Save

| ^ Release Information  |            |
|--|------------|
| AUTHORITY FOR RELEASE OF INFORMATION In accordance with the Federal Education Rights and Privacy Act of 1974 ('FERPA'), I authorize and consent to the release of information from my academic and financial records at Frostburg State University, Frostburg, Maryland, as requested below to the stated individual(s) during academic year 2022 - 2023.  I am aware that I have the right to withdraw consent at any time. |            |
| ***EXPIRES AUTOMATICALLY AT THE END OF THE ACADEMIC YEAR****   |            |
| Release Authorization  |            |
| I authorize release of the information below:  |            |
| ALL REQUESTED INFORMATION     SPECIFIC INFORMATION (CHECK ITEMS BELOW)   |            |
| - OR - Mid-term warnings   |            |
| Final Grades   |            |
| Student Code of Conduct Actions  |            |
| Financial Aid information  |            |
| Billing Information  |            |
| Academic Probation or Dismissal Status   |            |
|  |            |
| Recipient Information  |            |
| Name of person to release information to:  |            |
| Name:  |            |
| Email:   |            |
| If information is to be mailed to the above person provide:  Street Address:   |            |
| City:  |            |
| State:   |            |
| Zip Code:  |            |
|  |            |
| Additional Recipient Information   |            |
| Name of additional person to release information to:<br>Name:  |            |
| Email:   |            |
| If information is to be mailed to the above person provide:  |            |
| Street Address:  |            |
| City:  |            |
| State:   |            |
| Zip Code:  |            |
| Student Information  |            |
| Student's Name:  |            |
| PAWS ID:   |            |
| Student's Signature:   |            |
| Date:  | 06/28/2023 |
|  |            |