

CONSENT TO DISCLOSURE OF EDUCATION RECORDS

I, _____, hereby authorize and direct the University of Maine System, acting through its University of _____, to release to _____ of _____ all education records, documents and information which may be in the possession of the University of Maine System, or any of its faculty, administrators, employees or agents, and which concern me in any way. The purpose of this request and release is to _____.

Date

Signature