

UMASS MEDICAL SCHOOL & UMASS LOWELL
DUAL DEGREE MBA PROGRAM

Academic Progress and Student Conduct Disclosure Consent Form

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student education records by prohibiting their disclosure without the student's written consent, except under limited circumstances. Students may choose to allow the release of their education records to specified third parties (UMass Medical School and/or UMass Lowell) by completing this form. Please note that all fields listed below must be completed and that the student must sign and date this form. This Disclosure Consent Form is a one-time authorization specific to this request only.

PLEASE INITIAL THE FOLLOWING STATEMENT:

____ Please disclose information in accordance with the Dual Degree academic policy which states:
Criteria for Academic Review and Advancement will be honored by each school's Student Handbook. If a student is asked to be reviewed by an Academic Evaluation Board at UMMS, UMMS reserves the right to contact UML to question the student's academic progress in the MBA program. Determinations regarding adverse recommendations will be made with a holistic understanding of a student's progress in both degree programs. Reciprocally, UMass Lowell reserves the right to consult UMMS' respective Dean of Students regarding a student's academic progress or conduct.

RELEASE INFORMATION TO:

UMass Medical School, Vice Provost, Student Life	55 Lake Ave N	Worcester	MA	01655
Organization/School/Employer/Agency	Mailing Address	City	State	ZIP

UMass Lowell, Dean, Manning School of Business	72 University Ave	Lowell	MA	01854
Organization/School/Employer/Agency	Mailing Address	City	State	ZIP

REQUESTED BY (STUDENT):

Last Name	First Name	Middle Name	(Maiden Name, if applicable)
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UMMS or UML Student ID# (if known)	Current Phone Number
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Current UMMS E-Mail Address	Signature	Today's Date
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By completing this form, I understand that my consent is required by the Family Education Rights and Privacy Act of 1974 ("FERPA") for either UMass Medical School or UMass Lowell to release any information regarding my academic progress or student conduct records. I understand that I have the right to (1) not consent to the release of my conduct record(s), (2) inspect any written records released pursuant to this consent, and (3) revoke this consent at any time by delivering a written revocation to the respective offices indicated above. By submitting this form, I acknowledge the above statements and I give my permission to release the above identified information. Note: this release is valid for the entirety of the student's studies for the UMMS/UML dual degree program.

Completed forms should be submitted to:
Justine Cameron, MPP
Program Director
Office of Student Life
Justine.cameron@umassmed.edu

For more information about this disclosure form, please refer to the UMMS/UML Dual Degree Program Student Handbook.