By signing this form, I authorize all schools that I have attended to release all requested records covered under the Family Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by the University of Massachusetts Amherst. I further authorize the admissions officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me on my behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation.
2. I waive my right to access below:
   _____ Yes, I do waive my right to access, and I understand that I will never see this form or any other recommendations or supporting documents submitted by me or on my behalf.
   _____ No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the University of Massachusetts Amherst.

Applicant signature __________________________________________ Date ________________

This form must be completed by the Dean of Students office, the Judicial Officer, or other office which is responsible for keeping student disciplinary records.

Official name/title ____________________________________________

Email/phone __________________________________________________

Institution ____________________________________________________

Institution City/State __________________________________________

Has the applicant ever been found responsible for a disciplinary violation at your school that resulted in the applicant’s probation, suspension, removal, dismissal, or expulsion from your institution?

_____ Yes    _____ No

Is the applicant currently in good standing and eligible to return to your institution?  ____Yes  ____No

To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime?

_____ Yes    _____ No

If you answered in the affirmative to any of the above, please elaborate and include dates as relevant.

College Official signature ______________________________________

Please mail this form and/or accompanying document to:
Undergraduate Admissions Office - UMass Amherst - 37 Mather Drive - Amherst, MA 01003-9291