

REQUEST FOR LETTER OF NON-ATTENDANCE

Name: _____ Last 4 Digits of SSN#: _____
LAST FIRST MI Leave Blank if You Do Not Have a SSN

Former Name(s): _____ Date of Birth: _____

Recipient Name: _____

Mailing Address: _____

Email Address: _____

Special Instructions for Letter: _____

By signing this form, I hereby request that the Registrar's Office of the University of Maryland, Baltimore County to provide a Letter of Non-Attendance to the individual, institution, or organization identified above as the recipient.

Signature: _____ Date: _____

Please email this completed form to transcripts@umbc.edu

REGISTRAR OFFICE USE ONLY:	Processed By: _____	Date: _____
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As required by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA), by my signature above I hereby authorize University of Maryland, Baltimore County to provide a Letter of Non-Attendance confirming that I did not complete any coursework at University of Maryland, Baltimore County to third-party I have identified above. This authorization shall remain in force until such time as I submit a written and signed notification rescinding my permission.