

Transcript Release Consent Form

This form is to authorize permission for the ACES Program at the Universities at Shady Grove (USG) and its staff permission to request and obtain my transcripts each semester (or quarter) for the 2024 - 2025 academic year. I understand that if I do not submit my grades each semester and/or choose not to agree to this transcript release, my ACES at USG scholarship will not be guaranteed for the following semester.

Initial one of the two options:

_____ I **agree** to have my transcript release to the ACES Program at the Universities at Shady Grove by my home institution_____.
(home institution at USG)

_____ I **do not agree** to have my transcript release to the ACES Program at the Universities at Shady Grove by my home institution_____.
(home institution at USG)

Name (printed): _____

Signature: _____

USM Institution ID: _____

Date: _____