



Doctor of Ministry FERPA Dual Institution Release Form

**Authorization to Release Grades/Transcripts/Academic Information Between
St. Mary's Ecumenical Institute, Baltimore, MD & Ashland Theological Seminary, Ashland, OH**

Student Last Name: _____ First Name: _____

In compliance with FERPA, I hereby authorize the Dean's Office and the Registrar's Office of both St. Mary's Ecumenical Institute and Ashland Theological Seminary to release admission status, grades, transcripts or requested academic information regarding my Doctor of Ministry coursework and program. Both the Ecumenical Institute and Ashland Theological Seminary have a vested academic interest in the successful completion of the D.Min.

I understand that this authorization is valid for the length of study for the D.Min. at the Ecumenical Institute and Ashland Theological Seminary, or until I rescind it in writing.

I authorize the requested documents to be sent via password protected email, fax or regular post.

Student Signature: _____ Date: _____

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Authorized Recipient St. Mary's Ecumenical Institute:

Name: Paula Thigpen _____ Telephone: 410.864.3605 _____

Title: Registrar _____ Fax: 410.864.4205 _____

Signature: _____ Email: pthagpen@stmarys.edu _____

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Authorized Recipient Ashland Theological Seminary:

Name: _____ Telephone: _____

Title: _____ Fax: _____

Signature: _____ Email: _____