



Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Ian D. MacFarlane
Chair

James D. Fielder, Jr., Ph.D.
Secretary

COLLEGE AND UNIVERSITY STUDENT COMPLAINT FORM

I. COMPLAINANT INFORMATION

| | | |
|----------------------------|---------------------------|----------------------------|
| Complainant's Last Name: | Complainant's First Name: | Complainant's Middle Name: |
| Address: | | |
| City: | State: | Zip Code: |
| Daytime Telephone Number:: | Email Address: | Date of Complaint: |
| School Name: | | |

Are (or were) you a student of the school? Yes No

If **YES**, provide the following information:

| | | |
|------------------------|--------------------------|-----------------------------------|
| Start Date of Program: | Last Date of Attendance: | Undergraduate or Graduate Student |
|------------------------|--------------------------|-----------------------------------|

If **NO**, indicate your relationship with the school (e.g., parent of a student, school official, etc.). Note, if the student is of legal age, the student must file and sign the complaint.

| |
|--|
| |
|--|

II. DETAILS OF COMPLAINT

1. What are the events that led to this complaint? Specify pertinent dates, the nature of the event (e.g., meeting, written appeal, judicial hearing), and school staff involved. **Attach any documentation which will help describe the problem and substantiate allegations such as a signed agreements, school catalog, or correspondence.** (Documents will not be returned. Please retain your originals.)

2. How have you attempted to resolve the complaint with the school?

3. How would you like to see the complaint resolved?

4. Have you filed this complaint with another organization? Yes No
If yes, list the organization's name and the outcome of the complaint below:

Name of Organization:

Outcome:

5. Have you contacted a private attorney? Yes No

6. Have you started a court action? Yes No
If yes, provide specifics below:

III. CERTIFICATION

I hereby certify that I am the named complainant and that the above statements are true. I understand that this complaint and the information provided will be shared with the school.

Signature of Complainant:

Date:

FOR MHEC USE ONLY

Date Complaint Received:

MHEC Staff Assigned:

Date Complaint Closed:

Disposition:



Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Ian D. MacFarlane
Chair

James D. Fielder, Jr., Ph.D.
Secretary

FERPA CONSENT TO RELEASE STUDENT INFORMATION

I, _____, am a student at, or a former student of,
_____ (the institution). I
have submitted a complaint concerning the institution to the Maryland Higher
Education Commission.

I hereby consent to the institution's release of any of my education records,
including personally identifiable information, that the institution determines is
necessary to provide to the Maryland Higher Education Commission in response to
my complaint. I also authorize representatives of the institution to talk with
representatives of the Maryland Higher Education Commission about my
complaint.

I understand that the Maryland Higher Education Commission will not re-disclose
the information except in accordance with the law.

Signature & Date

Student Address



Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Ian D. MacFarlane
Chair

James D. Fielder, Jr., Ph.D.
Secretary

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION TO A THIRD PARTY

I _____ hereby authorize the Maryland Higher Education Commission (MHEC), its employees and agents to release the following information:

_____ Student and academic records

_____ Financial Information

to _____ (third party). I acknowledge that student, academic, and financial records are confidential under law, and in authorizing MHEC to release this information I agree to release MHEC and the State of Maryland from any claim pertaining to information they release in reliance of this authorization.

I may rescind this authorization at any time by delivering a written rescission signed by me to MHEC's Secretary of Higher Education. I acknowledge that a rescission is effective only upon receipt by MHEC's Secretary of Higher Education, and will not affect the authorization to release information and release claims that I have given for actions taken by MHEC prior to the Secretary's receipt of rescission.

Student Signature & Date

Student Address