

Regents' Scholarship

STUDENT INFORMATION RELEASE FORM

Regents' Scholarship

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Student Information is governed by the Family Educational Rights and Privacy Act (FERPA). This act extends privacy rights to students, age 18 and over, regarding their educational records and information. If the student wishes to give permission to a specified person to access their confidential educational records (e.g., grades, financial information, etc.), the following form must be filled out and mailed, **faxed or emailed documents are not accepted.**

Student Information

First Name _____ Last Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Phone ____ - ____ - _____ Birth date ____ / ____ / ____

Name of person(s) to be given permission of release of information:

First Name _____ Last Name _____ MI _____

Relationship to Student _____

Street Address _____

City _____ State _____ Zip _____

Phone ____ - ____ - _____

First Name _____ Last Name _____ MI _____

Relationship to Student _____

Street Address _____

City _____ State _____ Zip _____

Phone ____ - ____ - _____

I, the undersigned, understand that by submitting this form it does not allow for the above mentioned persons to sign documentation on my behalf, but only grants permission for the release of any of my personal educational records regarding the **Regents' Scholarship** to the above mentioned person(s).

Student Signature _____ Date _____