



UTAH SYSTEM OF HIGHER EDUCATION

OPPORTUNITY SCHOLARSHIP
PO BOX 145114
SALT LAKE CITY, UT 84114-5114
SCHOLARSHIPS@USHE.EDU
801-646-4812

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 (grades, financial information, etc.) the following form must be filled out and signed by the student. Submit the completed form by mailing to the address above or uploading it to your account.

STUDENT INFORMATION

First Name _____ Last Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Birth date ___/___/___

I applied via: Advanced Course Track Regents' Track

I, the undersigned, grant permission for the release of any of my personal educational records regarding the Opportunity Scholarship to person(s) listed below. I understand that this does not allow the individual(s) to make changes to my account, but only have access to the information.

Student's Signature _____ Date _____

NAME OF PERSON(S) TO BE GIVEN PERMISSION OF RELEASE

First Name _____ Last Name _____ MI _____

Relationship to Student _____

Street Address _____

City _____ State _____ Zip _____

Phone number: _____ - _____ - _____

First Name _____ Last Name _____ MI _____

Relationship to Student _____

Street Address _____

City _____ State _____ Zip _____

Phone number: _____ - _____ - _____