



# 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 law extends privacy rights to students, age 18 and over, regarding their educational records and information. You are not required to give permission to anyone to access your confidential education records (e.g. grades, financial information, etc.). However, you may give permission for specified person(s) to use your pin to access your education records related to the Opportunity Scholarship by listing them below. Only you or a person on the list may access your records with the pin. Submit the completed form by mailing or emailing it to the scholarship office. See contact information above.

You should keep your pin private and not share it with anyone except those listed below. If you ever want to change your pin and who has access, you may contact the scholarship team or submit a new student information release form.

## STUDENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Pin Number (must be 5 digits) \_\_\_\_\_

I applied via (2022 cohort only):  Advanced Course Track  Regents' Track

I, the undersigned, grant permission for the person(s) listed below to access my education records related to the Opportunity Scholarship if they provide my pin number to scholarship staff and identify them self. I understand that this permission only allows the person(s) listed below to access information, not to make changes to my account.

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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_