



Opportunity Scholarship
 PO Box 145114
 Salt Lake City, UT 84114-5114
 scholarships@ushe.edu
 801-646-4812

Student Information Release Form

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 personal identification number (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 (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: _____ - _____ - _____