



REGENTS' SCHOLARSHIP  
 PO BOX 145114  
 SALT LAKE CITY, UT 84114-5114  
 REGENTSSCHOLARSHIP@USHE.EDU  
 801-321-7159

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 uploading it to your account. If you cannot upload the form, it can be mailed.

### STUDENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_

I, the undersigned, grant permission for the release of any of my personal educational records regarding the Regents' 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_