

Regents' Scholarship

Student Release Form



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 to:

Utah System of Higher Education
Regents' Scholarship
PO BOX 145114
Salt Lake City, UT 84114-5114

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

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, grant permission for the release of any of my personal educational records regarding the **Regents' Scholarship** to the above mentioned person(s).

Student's Signature _____ Date _____