



REGENTS' SCHOLARSHIP
PO BOX 145114
SALT LAKE CITY, UT 84114
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 mailed to:

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

Note: This form must be mailed, it cannot be faxed, emailed or uploaded through your student portal.

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: _____ - _____ - _____