



The Family Educational Rights and Privacy Act of 1974 (FERPA) establishes the privacy rights of students (parents if the student is under 18) with regard to educational records. The Act makes provisions for inspection, review and amendment of educational records by the student for disclosure of such records to third parties. The consent must be in writing, signed and dated by the student and must specify records to be released, the reason for release, and the names of the parties to whom such records to be released. The Act applies to all persons formerly and currently enrolled at an educational institution. No exclusion is made for students which are non-U.S. citizens. The Act does not apply to a person who has applied for admission, those who never actually enrolled in or attended the institution, and deceased persons. This form must be completed in order for the Roseman University of Health Sciences to comply with any request.

**Save as a PDF after completing form and Email directly to registrar@roseman.edu**

### Student/Alumni Information

**CHECK HERE IF CONTACT INFORMATION IS UPDATED**

Last Name	First Name	MI	Student ID No.
			0000
Current Address	City	State	Zip Code
			Phone Number
Roseman E-mail Address		Alternative E-mail Address	
Program Attended & Year of Graduation:	Campus:	Henderson	South Jordan
Class of _____	Withdrew _____		

### Person(s) To Whom Information May Be Released

Last Name: \_\_\_\_\_ Frist Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ Frist Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I have read and understand the attached FERPA information regarding my academic record and directory information. Further, I am giving permission to Roseman authorized personnel to discuss information with the above named person(s) relevant to those areas marked below:

Entire Record     Grades     Classes     Finances     Other \_\_\_\_\_  
(Please specify)

Do not share any parts of my records

Photos-I do not want my photo published in any university publication.

**WAIVER WILL REMAIN IN EFFECT UNTIL RESCINDED BY STUDENT**

*I further understand and have read the disclosure information as outlined in the catalog and will contact the Registrar's Office in writing should I wish to rescind or modify this waiver.*

Student/Alumni Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be included on form for processing.)