

Send completed form to registrar@roseman.edu

The FERPA Change/Rescind Form allows students to update, modify, or revoke their FERPA authorization. By submitting this form, students/graduates can specify changes to who has access to their academic records or completely rescind previous permissions.

Student Information

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

| | | |
|------------------|-------------------|-------------|
| Former Last Name | Former First Name | Middle Name |
|------------------|-------------------|-------------|

| | |
|-------------------|-----------------------------------|
| Student ID or DOB | Roseman E-mail or Personal E-mail |
|-------------------|-----------------------------------|

Program: _____ **Campus:** _____

Please indicate the action you wish to take regarding your FERPA authorization:

Update Authorization
(Specify changes below)

Rescind Authorization
(This will revoke all previously granted FERPA permissions)

Grades

Classes

Photograph

Finances

Other _____

Signature _____

Date _____

(Form must be signed for processing. Electronic, Typed and Handwritten Signatures Accepted.)