ROSEMAN UNIVERSITY OF HEALTH SCIENCES

# FERPA AUTHORIZATION CHANGE/RESCIND FORM

OFFICE OF THE REGISTRAR

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)**

☐ Grades

☐ Classes

☐ Photograph

☐ Finances

☐ Other _____

☐ **Rescind Authorization**
**(This will revoke all previously granted FERPA permissio**

**Signature** _____ **Date** _____

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

For any questions regarding this process, please contact the Registrar's Office.