ROSEMAN UNIVERSITY OF HEALTH SCIENCES

FERPA AUTHORIZATION CHANGE/RESCIND REQUEST FORM

OFFICE OF THE REGISTRAR

Send completed form to registrar@roseman.edu

The FERPA Authorization Change/Rescind Form is intended for former, withdrawn, or inactive students who wish to update, modify, or revoke a previously submitted FERPA authorization. By submitting this form, individuals may change who has access to their education records or completely rescind prior authorization. Current students should submit FERPA authorization changes through the Student Portal.

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)

- ☐ Academic Standing
- ☐ Classes
- ☐ Enrollment
- ☐ Entire Record
- ☐ Finances
- ☐ Financial Aid
- ☐ Grades
- ☐ Status
- ☐ Other: _____

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

Person to Release Information To

Share Information From: _____ **Share Information To:** _____

First Name _____

Last Name _____

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.