

FERPA/Written Consent Waiver

(Authorization to Release Student Educational Record Information)

Office of the Registrar/Student Services



The Family Education Rights and Privacy Act of 1974 (FERPA) establishes the privacy rights of students (or 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 are to be released. The Act applies to all persons formerly and currently enrolled at an educational institution. No exclusion is made for students who 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 an institution, and deceased persons. This form must be completed in order for the Roseman University of Health Sciences to comply with any request.

STUDENT/ALUMNI CONTACT INFORMATION			Student ID # 0000 _____
Last Name	First Name	MI	Phone Number
Current Address		City	State Zip
Student Email Address @student.roseman.edu			
Alternate Email Address			

CAMPUS AND PROGRAM INFORMATION					
<input type="checkbox"/> HENDERSON CAMPUS		<input type="checkbox"/> SOUTH JORDAN CAMPUS			
DENTAL: DMD Class of 20____	MBA: MBA Class of 20____	NURSING: ABSN: Feb, Class of 20____ April, Class of 20____ July, Class of 20____ Aug, Class of 20____ Oct, Class of 20____	NURSING: BSN: Class of 20____	PHARMACY: Pharm Class of 20____ Pharm/MBA Class of 20____	WITHDREW: Year Withdrawn: 20____
ORTHO: AEODO Class of 20____					

PERSONS TO WHOM INFORMATION MAY BE RELEASED	
Last Name	First Name
Last Name	First Name
Last Name	First Name

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

<input checked="" type="checkbox"/> AREAS OF AUTHORIZED DISCLOSURE
<input type="checkbox"/> Entire Record
<input type="checkbox"/> Grades only
<input type="checkbox"/> Classes only
<input type="checkbox"/> Finances only
<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Do not share any parts of my record
<input type="checkbox"/> Photos – I do not want my photo published in any university publication.

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 while a student or after graduation.

STUDENT/ ALUMNI SIGNATURE: _____

DATE: _____

(Hand - signature required for processing)