

UConn HEALTH

STUDENT SERVICES CENTER

FERPA Privacy Form 2017-18

Students have the option to grant individuals (*including parents, guardians, and spouses*) permission to discuss their student records. If you wish to grant access to individuals, please complete this form; **otherwise no action** is required on this form.

Once you complete the form, use the “**Submit Form**” button to electronically send the form to the Registrar’s Office or email to Registrar@uchc.edu. You must submit the form using your UConn Health email account. The form will not be processed if it is received from a personal email account.

Form is valid for one year

Student Information

School of: Dental Medicine Medicine Class of: 20____

Name: Last _____ First _____ M.I. _____

I, the undersigned, hereby authorize the University of Connecticut to discuss the following educational records and information (*Select the type(s) of student records that you authorize*):

Student Record Category:

BURSAR: Fee bill, 1098 -T information, Tuition and fee waivers, University Loans.

FINANCIAL AID: Awards (amounts, status, eligibility, and disbursements), and document requests.

REGISTRAR: Enrollment status, grades.

STUDENT HEALTH PLAN: Insurance waiver status (*details regarding services received will not be disclosed*).

Designee Information

Indicate the name(s) of the individuals to whom information may be disclosed (maximum of 4).

Designee Name(s) (Last, First) _____ (Last, First): _____

(Last, First): _____ (Last, First): _____

You must assign a unique 4-character **Access Code** (*letters, numbers or special characters, no spaces*)

IMPORTANT: Designees are required to have this code when contacting the school to access information.

I understand further that: I have the right not to consent to the disclosure of my education records; and can revoke this consent at any time.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the written consent of the person to whom it pertains, or as otherwise permitted by such regulations

Student’s Signature: _____ Date: _____