



UNIVERSITY of HOUSTON

SCHOLARSHIP APPLICATION

Name of Scholarship Applying for: _____

Semester(s) and Year Applying for: _____

Student Information:

Student ID# _____

Name _____
Last First Middle

Address _____
Number Street Apt. No.

City County State Zip code

Phone Numbers _____
Home Cell

Email _____

First Semester at UH: _____ Current Classification: _____

Cumulative GPA: _____ Number of hours currently enrolled in this semester: _____

Date

Signature of Applicant

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I _____ hereby voluntarily authorize officials in the
[Print Name of Student]
University of Houston department(s) identified below to disclose personally identifiable information from my educational records. (Please check the box or boxes that apply):

- Registration and Academic Records
- Scholarships and Financial Aid
- Student Financial Services
- Undergraduate Scholars @ UH (formally USD)
- University Advancement
- Dean of Students Office
- Other (Please Specify) _____

Specifically, I authorize disclosure of the following information or category of information. (Please check the box or boxes that apply):

- Grades/Transcripts
- Financial Aid
- Disciplinary
- Housing
- Scholarship and/or Honors
- Photos
- Academic Records
- All University Records
- Billing
- Other (Please Specify) _____

This information may be released to: _____
[Print Name(s) of Individual(s) To Whom University May Disclose Information]
_____ for the purpose of informing:

- [List Additional Individuals if Necessary]
- Family
 - Educational Institution
 - Honor or Award
 - Employer/Prospective Employer
 - Public or Media of Scholarship
 - Other (Please Specify) _____

Please provide a password to obtain information via the phone: _____. The password should not contain more than ten (10) letters. You must provide the password to the individuals or agencies listed above. The University will not release information to the caller if the caller does not have the password. A new form must be completed to change your password.

This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

Student Name [please print]

PeopleSoft I.D. Number

Student Signature

Date