

UConn School of Medicine and Dental Medicine Registration Form 2007/2008

Return this form in person, by mail or fax before September 1st to: **Office of Records and Registration, Room LM035, 263 Farmington Avenue, Farmington, CT 06030-1827** Fax 860-679-1902

Graduating Class of: _____ School of: _____

Student's Name: _____ **Parents' Name:** _____

Address: _____ **Address:** _____

Home Phone: _____ **Home Phone:** _____ **Work:** _____

E-mail: _____ **E-mail:** _____

If you do not want your parents to receive mailings from the University such as bills, invitations to events, general information about the school etc. please indicate by signing here _____.

Send bills to: my address my parents address other (please specify)

In case of emergency contact my parents other (give name, day and evening phone)

Access to Records

Your privacy is protected by the Family Education Rights & Privacy Act, 1974. Your signature indicates

that you have read the information on the back of this form. _____

(student signature)

Additionally, please be aware that we publish a student directory/class roster which contains names, addresses, phone numbers and e-mail addresses. This directory is for use by students, faculty and administration. It **is not** provided to people not affiliated with the Health Center or to vendors. Other information included in the definition of directory information but not published as part of the student directory is the school you are attending, enrollment status, i.e. full-time, part-time, beeper number, anticipated graduation year, degrees and awards sought and/or received, previous institutions attended, date of birth, hometown, dates of attendance, major fields of study, class schedule/roster, photograph, and participation in officially recognized activities. All directory information is intended for use primarily within the Health Center community. If you wish to withhold your directory information please notify the Office of Records/Registration, Room LM035, by the due date of this form by completing the withholding information form which is available in that office. Requests for current students **must be submitted on an annual basis**. Requests on file at the time of graduation will remain in effect until the School is otherwise notified.

Individuals who have access to your file include the Dean and Associate Deans of the respective School, the Chairperson of the Academic Advancement Committee, the Registrar, faculty with legitimate educational interest and appropriate administrative staff.

If you grant anyone else access to your file, please complete and sign the following section:

I, _____ grant full access to my entire file to the following individuals for the purpose of _____

1) _____ 2) _____ 3) _____

You have the right to access statistics on this institution's on campus security incidents through the Medical Student Affairs Office.

Notification of Rights under FERPA for Postsecondary Institutions

The Family Education Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. They are:

1. The right to inspect and review the student's education records within 45 days of the day the University receives a request for access. Students should submit to the registrar, dean, head of the academic department, or other appropriate official, written request that identify the records(s) they wish to inspect. The University official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.
2. The right to request the amendment of the student's education records that the student believes are inaccurate or misleading. Students may ask the University to amend a record that they believe is inaccurate or misleading. They should write the University official responsible for the record, clearly identifying the part of the record they want changed, and specify why it is inaccurate or misleading.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception that permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate education interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the University discloses education records without consent to officials of another school in which a student seeks or intends to enroll.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by State University to comply with the requirements of FERPA. The name and address of the office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

Regmeddent/grad.doc
Revised 2/2006