



Consent to Release Educational & Financial Records

Family Education Rights to Privacy Act (FERPA)

(Please Print)

I, _____, freely and voluntarily consent to the release of information from my education records (including discussion with teachers and administrators, grades and any other notations thereof). Furthermore, I give permission to the Office of Vice President for Student Affairs to release information about my financial aid, student account, transcripts, and academic progress to the following person(s):

PRINT NAME

RELATIONSHIP TO STUDENT

PRINT NAME

RELATIONSHIP TO STUDENT

PRINT NAME

RELATIONSHIP TO STUDENT

Student ID Number **Date of Birth**

Student's Signature **Date**

Note - This document will be valid until further notice and may only be nullified by written notification. The consent will expire when the student ceases to be a student at South Arkansas College.

RETURN THE COMPLETED FROM TO:

Registrar's Office

SouthArk Student Center/Student Services Front Desk

P.O. Box 7010 - El Dorado, AR 71731

Fax: 870-864-7167

registrar@southark.edu