



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
Student's Name
education records (including discussion with teachers and administrators, grades and any other notations thereof).
Furthermore, I give permission to South Arkansas College 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 FORM 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