



## 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 Services 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 Community College.*

**RETURN THE COMPLETED FROM TO:**  
*(You may return the form by either of the following methods)*  
**Office of the Vice President for Student Services,**  
El Dorado Conference Center/SouthArk Student Center – room #262  
P.O. Box 7010 El Dorado, AR 71731  
[alawrence@southark.edu](mailto:alawrence@southark.edu)