



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 FORM 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