UNIVERSITY OF ARKANSAS - FORT SMITH

AUTHORIZATION TO RELEASE STUDENT INFORMATION

Student academic records, financial aid records, and non-directory information are confidential and protected by the Family Educational Rights and Privacy Act (FERPA) (also known as the Buckley Amendment). The University cannot release this information to another person without your written authorization. This form will allow appropriate offices to release specific information about you to the person(s) you designate below.

_____ (Print First, Middle, Last Name) _____ Identification Number _____ Social Security Number

I authorize UA Fort Smith to release my academic and financial information. Information can only be released in person with photo identification.

- All student financial account information. Examples: account balance, charges and credits appearing on account, payment plan, third-party payment sponsorship, loan program, 1098T, 1042S, receipt requests, questions regarding past due accounts, veterans benefits, or related questions regarding a student's financial aid record.
- All financial aid application and award information.
- Records information—grades, academic progress, class schedule, graduation date.
- Billing account and payment history.
- Allow a specific person to register/drop me for courses that I have identified.
- Other (please specify): _____

_____

Important Note: This form does not authorize the release of a student's username and password for the campus computer network, WebCt, and LionsLink.

Please list each person you wish to have access to your information. Please Print.

1. _____ Name _____ Relationship _____ Date of Birth

2. _____ Name _____ Relationship _____ Date of Birth

_____ Company or Organization _____ Company Representative _____ Title

I understand this authorization will remain in effect until I submit a written request to cancel this document or until records are purged. To cancel this authorization, send a written notice to the Records Office.

→ **Student's Signature** _____ **Date** _____ ←

Signature must be witnessed by UA Fort Smith employee and checked against valid photo I.D.

UA Fort Smith employee verifying student authorization to release information.

Name _____ Title/Office: _____

* *

If signature not witnessed as stated above, the following section must be completed by a Notary Public:

State of _____ County of _____

On this _____ day of _____ 20 _____ , _____ personally appeared before me,

(check one) _____ who is personally known to me OR _____ whose identity I proved on the basis of _____ to be the signer of the above instrument.

Notary Public _____

Residing at _____ My commission expires _____

* *

Deliver in person to: Records Office, Second floor, Smith-Pendergraft Campus Center
Deliver by mail to: Records Office, UA Fort Smith, P.O. Box 3649, Fort Smith, AR 72913-3649
Fax to: Records Office, 479-788-7402

Records Office Use Only: _____ Date FERPA comment posted on Banner _____ initials

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