

ARKANSAS STATE UNIVERSITY-NEWPORT

Dependent Education Benefits Discount Approval Form

Employee Name: _____

Department: _____

University Offering Class (check one): ASU-J____ ASU-B____ ASU-H____ ASU-N____
ASU-MH____ East Ark____ Mid South____ MCCC____

I am a full-time employee of Arkansas State University-Newport and hereby request a dependent discount for the student listed below. I certify that this student is legally my dependent and meets all of the requirements of such.

Employee Signature: _____

Telephone: _____

Dependent Name: _____

Relationship to Employee: _____

Student ID Number: _____

Undergrad ____ Year: _____ Spring____ Fall____ Summer I____ Summer II____
Graduate____ Interim____

Is the dependent a recipient of a graduate assistantship? (circle one) yes no

I certify that the person signing this form is an employee at ASU-Newport.

Human Resources: _____ Date: _____

For Business Office Use Only: Tuition Discount \$'s _____ Fee Discount \$'s _____
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A Separate Form is Required for each Semester

RELEASE OF STUDENT INFORMATION AUTHORIZATION FORM
(Act 605 of 2009)

A student who receives any form of state-supported student financial assistance, as defined by Act 605 of 2009, must sign this form indicating whether he/she authorizes the Department of Higher Education and/or Arkansas State University-Newport to release his/her individual personal information listed below to the Bureau of Legislative Research.

(If a student is under the age of eighteen years old and is not legally emancipated, a parent or legal guardian shall complete and sign the authorization form.)

For each student who authorizes the release of his/her individual personal information, the Bureau of Legislative Research will receive the following information:

1. A unique student identifier;
2. Status for Federal Pell grant;
3. Postsecondary grade point average;
4. Number of semester hours attempted;
5. Number of semester hours completed;
6. Gender, race, ethnicity, and age;
7. High school graduated from or General Educational Development test score;
8. High school grade point average; and
9. ACT score or ACT equivalent score, if available;
10. Academic progress information.

The Bureau of Legislative Research will collect this information for statistical analyses that will assist the Arkansas General Assembly in evaluating whether scholarships should be increased in number or amount, the need to change eligibility requirements, and the need for other changes to state-supported student financial assistance.

The Bureau of Legislative Research will not receive or release a student's name, social security number, or a student's or parent's income information.

A decision to authorize or not to authorize the release of this information to the Bureau of Legislative Research WILL NOT impact a student's eligibility for state-supported student financial assistance, including the lottery-funded scholarship known as the Academic Challenge Scholarship.

Please check one of the following indicating your authorization, or your decision not to authorize, the release of the individual personal information described above to the Bureau of Legislative Research.
ONLY ONE SIGNATURE IS REQUIRED BELOW.

I **authorize / do not authorize (CIRCLE ONE)** the Arkansas Department of Higher Education and/or Arkansas State University-Newport to release my individual personal information to the Bureau of Legislative Research.

Name of Student (Please Print)

Signature of Student

(if eighteen years old or older or is legally emancipated at the time of award acceptance for state-supported student financial assistance)

Date Signed

Signature of Student's Parent

(if student is under eighteen years old and is not legally emancipated)

Date Signed