



STUDENT CONSENT AND FERPA RELEASE

Under the Family Educational Rights and Privacy Act, codified at 20 U.S.C. § 1232g ("FERPA"), the federal regulations implementing FERPA, including 34 C.F.R. § 99.30, and the Arkansas State University System policy implementing FERPA, a student (or former student) at an institution within the Arkansas State University System has the right to determine to whom the student's education records will be disclosed and which education records will be disclosed. By completion of this form, you are giving _____ and the Arkansas State University System (collectively, the "Institution") permission to disclose the education records you have identified to the person(s) you have identified.

I, _____, a student (or former student) at the Institution, do hereby authorize the Institution to disclose my education records in the form of my:

_____ Transcript	_____ Student Identification Number
_____ Grades/GPA	_____ Degree Plans
_____ Class/Course Assignments	_____ Registration
_____ Academic Progress	_____ Financial Aid Eligibility
_____ Financial Aid Awards	_____ Financial Aid Disbursements
_____ Financial Aid Billing/Repayment	_____ Student Account Billing Statements
_____ Student Account Charges	_____ Student Account Credits
_____ Other (identify): _____.	

These records may be released to: _____.

The purpose for the disclosure is: _____.

I understand that once I have signed this release it will remain in effect, and my records may continue to be disclosed upon request until I notify the Registrar at the Institution in writing that I want to withdraw my consent. Once I have withdrawn my consent, no further records will be provided unless I sign a new release.

Student Signature

Date

Student Printed Name

***Student: Please submit a copy or photo of your current student ID or driver's license along with this form. If you submit this form via email from your official university email account, you do not need to include your ID.