

## 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 Once I have withdrawn my consent, no further records will be provided unless I sign a new release.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.