

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) STUDENT RECORD INFORMATION RELEASE



1537 University Blvd.
Morrilton, AR 72110

PERSONAL INFORMATION

Name: _____
(Please Print)

Student ID/S.S. Number: _____ **Driver's License Number:** _____

AUTHORIZATION

I, the undersigned, hereby authorize the University of Arkansas Community College at Morrilton to release the following educational records and information. (Initialed by the type of release.)

_____ **Educational Records**

_____ **Financial Aid**

_____ **Student Account Transactions**

(Upon inquiry, tax-related correspondence with the person(s) designated below remains effective for the period covered by this release and not subject to the expiration date below)

To: _____ **Password:** _____

Email: _____

I understand that (1.) I have the right not to consent to the release of my education records; (2.) I have the right to receive a copy of such records on request; (3) and that this consent shall remain in effect until the expiration date below. Any such revocation shall not affect disclosures previously made by University of Arkansas Community College at Morrilton prior to the receipt of any such written revocation.

Unless revoked by the student, this form will expire on: **July 31, 2024**

Signature: _____ **Date:** _____
(Student)

FOR OFFICE USE ONLY:

Processed By: _____ **Date:** _____

I hereby revoke this authorization for release of information

Signature: _____ **Date:** _____
(Student)

FOR OFFICE USE ONLY:

Processed By: _____ **Date:** _____