



REGISTRAR'S OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7566 | www.uacccm.edu

THIRD-PARTY REGISTRATION FORM

This form is used by a student to allow a third-party to act as his/her agent during the registration process. Submission of a signed completed form to the Registrar's Office will give authorization to the staff and faculty of University of Arkansas Community College at Morrilton permission to discuss student academic information relating to the student's file.

STUDENT

Name: _____ **I.D./S.S. No.** _____

Enrollment Period: _____ **Major:** _____
(term) (year)

Type of Access (please initial your preference):

_____ **One Day Only:** _____

_____ **All Registration for Enrollment Period**

THIRD PARTY (picture identification required at time of registration)

Name: _____ **Relationship:** _____

SIGNATURE

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

Signature: _____ **Date:** _____
(Registrar)

Note: This form is only valid for enrollment period listed above, and will only be processed after the student's signature or identification is verified by the Registrar's Office.

Registrar's Office Stamp
Indicates Effective Date