STUDENT CONSENT FOR DISCLOSURE
OF
STUDENT FINANCIAL AID AND ACCOUNT INFORMATION
(FERPA Form)

You may give your permission to allow the Financial Aid or Student Accounts Offices to speak to others that you designate, such as your parents or spouse, regarding your financial aid or account information.

Failure to give this permission will not affect your financial aid eligibility. Giving this permission only releases information held by Financial Aid and Student Accounts. It does not give permission for access to any academic records.

Please complete the option(s) below and return this form to the Student Accounts Office, Doc Bryan Student Services Building Suite 133, Arkansas Tech University, Russellville, AR 72801.

Please Check One:

☐ I DO give permission for these offices to release information to the following: (for example: John Doe, Father; John and Jane Doe, Parents; Joe Doe, Spouse)

PLEASE LIST HERE:

________________________________________________________________________

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☐ I DO NOT give permission for any information to be released to anyone other than myself.

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_____________________________________  __________________________________
Student’s Printed Name       Student ID Number (T Number)

_____________________________________  __________________________________
Student’s Signature           Date