

**FERPA RELEASE**  
Student's Consent to Release of Education Records  
Disclosure to Parent Form

The purpose of the Family Educational Rights and Privacy Act of 1974 is to protect the privacy of individual students by placing restrictions on the disclosure of information contained in a student's university record(s). **At the University level, parents have no inherent rights to inspect your education records.** However, education records can be released by Arkansas Tech University to your parents with your written consent, or by submission of evidence that the parents have declared you as a dependent on their most recent Federal Income Tax return.

Student Name (Please Print): \_\_\_\_\_

Student T Number: T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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By signing this form, I, the undersigned student, agree that university personnel may provide any of the following designated information from my education records at Arkansas Tech University. (Check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Grades                           | <input type="checkbox"/> Disciplinary proceedings          |
| <input type="checkbox"/> Housing/Residence Life           | <input type="checkbox"/> Tuition and fees/Student Accounts |
| <input type="checkbox"/> Enrollment or attendance records | <input type="checkbox"/> Class schedules                   |
| <input type="checkbox"/> Course performance               | <input type="checkbox"/> Financial Aid                     |
| <input type="checkbox"/> Other (specify): _____           | <input type="checkbox"/> Academic transcript               |

The name and address of the person to whom this information may be released is:  
\_\_\_\_\_  
\_\_\_\_\_

The purpose of this disclosure is: \_\_\_\_\_

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 released upon request; (3) and that this consent shall remain valid until revoked by me, in writing, and delivered to the office that this disclosure was originally given, but that any such revocation shall not affect disclosures previously made by Arkansas Tech University prior to the receipt of any such written revocation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Return Completed Forms To:**

Registrar's Office  
Doc Bryan SSC Ste 153  
1605 Coliseum Dr  
Russellville AR 72801-222

<b><u>For Office Use Only:</u></b>
Date Received: _____
Date Recorded: _____
Employee's Initials: _____