

FERPA RELEASE
Student's Consent to Release of Education Records
General 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). Absent certain specific exceptions, in order for Arkansas Tech University to honor a verbal or written request for information from a student's education records by anyone other than the student, a signed authorization from the student must be on file.

Student Name (Please Print): _____

Student T Number: T ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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 or agency to who this information may be released is:

***Note that pursuant to 34 C.F.R. Part 99.33(a) (1), the individual or agency receiving this information from the above listed student's education record may not disclose the information to any other person without the prior consent of the student.**

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 Drive
Russellville AR 72801-222

For Office Use Only:

Date Received: _____

Date Recorded: _____

Employee's Initials: _____