Consent to Release Educational & Financial Records

Family Education Rights to Privacy Act (FERPA)

PLEASE PRINT ALL INFORMATION

I, _____ , freely and voluntarily consent to the release of information from my education records (including discussion with teachers and administrators, grades and any other notations thereof). Furthermore, I give permission to the Office of Vice President for Student Services to release information about my financial aid, student account, transcripts, and academic progress to the following person(s):

NAME	RELATIONSHIP TO STUDENT
NAME	RELATIONSHIP TO STUDENT
NAME	RELATIONSHIP TO STUDENT

Student ID Number	**Date of Birth**
Student's Signature	**Date**

Note - This document will be valid until further notice and may only be nullified by written notification. The consent will expire when the student ceases to be a student at South Arkansas Community College.

RETURN THE COMPLETED FROM TO:

Office of the Vice President for Student Services,
SouthArk Student Center, room #262 or mail to P.O. Box 7010 El Dorado, AR 71731
(The form may also be sent to Enrollment Services or Office of Admissions)

Revised: 12.13.16