



## Consent to Release Educational & Financial Records

### Family Education Rights to Privacy Act (FERPA)

*(Please Print)*

I, \_\_\_\_\_, freely and voluntarily consent to the release of information from my  
Student's Name  
education records (including discussion with teachers and administrators, grades and any other notations thereof).  
Furthermore, I give permission to South Arkansas College to release information about my financial aid, student  
account, transcripts, and academic progress to the following person(s):

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RELATIONSHIP TO STUDENT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RELATIONSHIP TO STUDENT

\_\_\_\_\_  
PRINT 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 College.*

### RETURN THE COMPLETED FORM TO:

**Registrar's Office**

SouthArk Student Center/Student Services Front Desk  
P.O. Box 7010 - El Dorado, AR 71731

**Fax: 870-864-7167**

[registrar@southark.edu](mailto:registrar@southark.edu)