

# Authorization to Release Student Information



Student academic records, financial aid records, and non-directory information are confidential and protected by the Family Educational Rights and Privacy Act (FERPA) (also known as the Buckley Amendment). The University cannot release this information to another person with your written authorization. This form will allow appropriate offices to release specific information about you to the person(s) you designate below.

Student ID Number	(Print First, Middle, Last Name)	Identification Number
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I authorize UAFS to release my academic and financial information. Information can only be released in person with photo identification.

- All student financial account information. Examples: account balance, charges and credits appearing on account, payment plan, third-party payment sponsorship, loan program, 1098T, 1042S, receipt requests, questions regarding past due amounts, veterans benefits, or related questions regarding a student's financial aid record.
- All financial aid application and award information
- Records information - grades, academic progress, class schedule, graduation date.
- Billing account and payment history.
- Allow a specific person to register/drop me for courses that I have identified.
- Other (please specify): \_\_\_\_\_

*Important Note: This form does not authorize the release of a student's username and password for the campus computer network, WebCt, and LionsLink.*

Please list each person you wish or have access to your information. Please print.

Name	Relationship	Date of Birth
Name	Relationship	Date of Birth
Company or Organization	Company Representative	Title

I understand this authorization will remain in effect until I submit a written request to cancel this document or until records are purged. To cancel this authorization, send a written notice to the Records Office.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Signature must be witnessed by a UAFS employee and checked against valid photo I.D.*

UAFS employee verifying student authorization to release information

Name \_\_\_\_\_ Title/Office \_\_\_\_\_

**If signature not witnessed as stated above, the following section must be completed by a Notary Public:**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,  
 (check one) \_\_\_ who is personally know to me OR \_\_\_ whose identity I proved on the basis of \_\_\_\_\_ to be the signer of the above instrument.

Notary Public \_\_\_\_\_

Residing at \_\_\_\_\_ My commission expires \_\_\_\_\_

Deliver in person to: Records Office, Second floor, Smith-Pendergraft Campus Center  
 Deliver by mail to: Records Office, UAFS, P.O. Box 3649, Fort Smith, AR 72913-3649  
 Fax to: Records Office, 479-788-7402

Records Office Use Only: \_\_\_\_\_ Date FERPA comment posted on Banner \_\_\_\_\_ initials \_\_\_\_\_