

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 without 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)

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, Blackboard, and LionsLink.

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

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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, 479-424-6230

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