

# REMOVAL OF AUTHORIZATION TO RELEASE STUDENT INFORMATION



By signing this form, you are voiding the authorization you previously requested to release student information to the following person(s):

- 1. \_\_\_\_\_  
Name Relationship
- 2. \_\_\_\_\_  
Name Relationship
- 3. \_\_\_\_\_  
Name Relationship

IDN \_\_\_\_\_ Student's Printed Name \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Signature must be witnessed by UAFS employee and checked against valid photo I.D.*

UAFS employee verifying student authorization to release information:

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

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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 known 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 \_\_\_\_\_

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Deliver in person to: Records Office, Second floor, Smith-Pendergraft Campus Center  
Deliver by mail to: Records Office, UA Fort Smith, P.O. Box 3649, Fort Smith, AR 72913-3649  
Fax to: Records Office, 479-424-6230

<b>Records Office Use Only:</b>  _____ Date FERPA comment posted on Banner _____ initials
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