



State of Arkansas Student Consent Form

State of Arkansas Programs

Office of Admissions and Financial Aid • 2801 S. University Ave • Little Rock, AR 72204 • (501) 569-3035 • (501) 569-8956 (FAX)

Student Name _____

Student ID T _____

RELEASE OF STUDENT INFORMATION AUTHORIZATION FORM (Act 605 of 2009)

A student who receives any form of state-supported student financial assistance, as defined by Act 605 of 2009, must sign this form indicating whether he/she authorizes the Department of Higher Education and/or the University of Arkansas at Little Rock to release his/her individual personal information listed below to the Bureau of Legislative Research.

(If a student is under the age of eighteen years old and is not legally emancipated, a parent or legal guardian shall complete and sign the authorization form.)

For each student who authorizes the release of his/her individual personal information, the Bureau of Legislative Research will receive the following information:

- | | |
|---------------------------------------|---|
| 1. A unique student identifier | 6. Gender, race, ethnicity, and age |
| 2. Status for Federal Pell Grant | 7. High school graduated from or GED test score |
| 3. Postsecondary grade point average | 8. High school grade point average |
| 4. Number of semester hours attempted | 9. ACT score or ACT equivalent score |
| 5. Number of semester hours completed | 10. Academic progress information |

The Bureau of Legislative Research will collect this information for statistical analyses that will assist the Arkansas General Assembly in evaluating whether scholarships should be increased in number or amount, the need to change eligibility requirements, and the need for other changes to state-supported student financial assistance.

The Bureau of Legislative Research will not receive or release a student's name, social security number, or a student's or parent's income information.

A decision to authorize or not to authorize the release of this information to the Bureau of Legislative Research WILL NOT impact a student's eligibility for state-supported student financial assistance, including the lottery-funded scholarship known as the Academic Challenge Scholarship.

Please **circle** one of the following indicating your authorization, or your decision not to authorize, the release of the individual personal information described above to the Bureau of Legislative Research.

I **authorize / do not authorize** the Arkansas Department of Higher Education and/or the University of Arkansas at Little Rock to release my child's personal information to the Bureau of Legislative Research.

Signature of Student's Parent

Date Signed