

AUTHORIZATION FOR THE RELEASE OF INFORMATION

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT RELEASE FORM
(*Confidentiality of student educational records is protected by FERPA)

Please Print

Student's Name _____

Student's Date of Birth _____

Student's UALR ID# or SSN _____

I hereby authorize the UALR Office of Admissions to release Admissions Information (includes admission status, unmet requirements, etc.)

Information may be released to the following person(s) (Please, print legibly)

Name of Person(s) or Agency _____

Person's Relationship to Student _____ Phone _____

E-mail _____ Fax _____

Address _____ City _____ State _____ Zip _____

This release applies to the following school terms:

Specific term(s) Summer 20 _____ Fall 20 _____ Spring 20 _____

Check here to maintain status of release(s) until Amended or Revoked _____

Signature _____ Date _____

*For more information on FERPA, please refer to the UALR Student Handbook available from the Office of Campus Life or online at

<http://www.ualr.edu/deanofstudents/assets/archive/HANDBOOK.pdf>