



Authorization for the Release of Information

The Family Educational Rights and Privacy Act (FERPA) Release Form

Confidentiality of student educational records is protected by **FERPA***

Please Print

Student's Name

Student's Date of Birth

Student's UA Little Rock ID# or SSN

*I hereby authorize the UA Little Rock Office of Records and Registration 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

Email

Phone

Fax

Street Address

City

State / Province

Zip / Postal Code

This release applies to the following school terms:

Summer 20 _____ Spring 20 _____ Fall 20 _____

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

Signature

Date

*For more information on FERPA, please refer to the UA Little Rock Student Handbook available from the Dean of Students or online at <https://ualr.edu/deanofstudents/student-handbook/>