



Name _____ T# _____

I am interested in the benefit and convenience of communication with my academic advisor for purposes of academic advising and consultation by means of the Internet and/or through the use of my e-mail communication system (hereinafter "Electronic Advising"). I understand that the Internet is not absolutely secure and that the possibility does exist that such Electronic Advising communication may be intercepted and/or otherwise may not return fully confidential. In consideration of the opportunity to receive and benefit from Electronic Advising, I hereby acknowledge and personally accept the risk of such interception, and by my signature, I will not hold the University of Arkansas at Little Rock, nor its personnel, responsible for the release of my confidential information by e-mail. Furthermore, I specifically authorize the University of Arkansas at Little Rock and its designated personnel to use, forward, and place (in addition to directory information) in e-mail communication, the information contained in confidential educational records such as, but not limited to, the following:

Student ID, Grades, GPA, Student's Schedule of Classes, Course Recommendations, Transfer Courses Equivalencies, Degree Plan (Plan of Study with Program/Major requirements).

My signature on this form specifically authorize the use of my educational records for purposes of Electronic Advising and acknowledges that I agree to assume all responsibility and risk in the event of an inadvertent/inappropriate release of said educational records should an e-mail transmission be intercepted.

I also agree to immediately communicate any changes in my e-mail address to the University and that this authorization will remain effective until specifically withdrawn and revoked by me.

Student's Printed Name _____

Student's Signature _____

Student's Email Address _____

Date Signed _____