

FERPA POLICY FORM NO. 4
For University of Arkansas, Fayetteville

CONSENT TO RELEASE OF EDUCATION RECORDS

TO: Registrar, University of Arkansas, Fayetteville

DATE: _____

I hereby consent to the release of **any or all** University of Arkansas, Fayetteville, education records.

OR

the following specific University of Arkansas, Fayetteville, education records.

until such time as I withdraw this consent in writing or until such time as I have not been enrolled for two full calendar years.

Parents, guardians or family members to whom the records may be released [list name(s), mailing address(es), and telephone number(s)]:

*[Note: under Federal law, education records **may** be disclosed to parents of dependent students (as defined under the Internal Revenue Code) without consent of the student. 34 CFR § 99.31(a)(8).]*

Other person(s), agency(ies), institution(s), organization(s) or classes of persons, agencies, institutions, or organizations to whom the records may be released [give name, mailing address, and telephone number(s)]: _____

This authorization **replaces** any previous consent I have submitted.

OR

This authorization **supplements** any previous consent I have submitted.

(Name – Please Print)

(Signature)

(University ID Number)

(Telephone Number)

(Address)