



STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar's Office allowing the release of their education records to specified third parties. Please note that while this form authorizes UAHT to release education records to third parties, it does not obligate UAHT to do so. UAHT reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Dept. of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Student Name (First, Middle Initial, Last)	Student ID:	Date:
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SECTION A. Education records to be released (check all that apply):

- Academic Information (i.e. grades/GPA, registration, student ID number, class schedule)
- Financial Aid Information (i.e. awards, application data, disbursements, eligibility, financial aid academic progress status)
- Student Account Information (i.e. billing statements, charges, credits, payments, past due amounts, collection activity)
- All records listed above
- Other (please specify): _____

SECTION B. Person(s) to whom access to education records may be provided:

*This form does not authorize the release of a student's username & password for the campus computer network, Blackboard, and MyUACCH.

Name(s) of person(s) to whom access to records may be provided (use additional pages if necessary)

Contact info of person(s) to whom access to records may be provided

Relationship to Student

SECTION C. Duration of release (check one):

- Continued Use: This authorization can be used until revoked by delivering a written revocation to the Registrar's Office.
- Limited Use: This authorization expires on: _____

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the UAHT Registrar's office.

Student's Signature

(Date)

Instructions for completing this form:

1. The form must be fully completed and signed by the **student**. Records cannot be released if any section of this form is not filled out entirely.
2. Completed forms should be submitted to:
UAHT Office of Registrar
Scan/email: diana.davidson@uacch.edu
Fax: 870-722-6630
Mail: P.O. Box 140 Hope, AR 71802