



UNIVERSITY OF
ARKANSAS
GRANTHAM

CONSENT TO RELEASE EDUCATIONAL RECORD INFORMATION

(A copy of the signed and completed consent form must be scanned to the student's record.)

Name of Student (Print): _____
Last Name First Name MI

Student ID Number: G _____

I, the undersigned student, hereby authorize the University of Arkansas Grantham to release the following educational records and information (identify record type(s)):

- Academic Records
- Financial Records
- All Student Records

Name and Address of Information Recipient:

I, the undersigned student, do hereby authorize the University of Arkansas Grantham and/or its employees to release to the above- named recipient my educational records and/or information as described above.

I acknowledge that:

- I have the right not to consent to the release of my education records.
- I have the right to receive a copy of such records upon request.
- This consent shall remain in effect until my written revocation is delivered to the University Registrar.
- Any such revocation shall not affect disclosures made by University of Arkansas Grantham prior to the receipt of any such written revocation.

Student's Signature

Date

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations that prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

For Office Use Only

Date of Information Release

Signature of Person Filling Request