

Release of Information/ Consent to Disclose Information

Student Name: _____ UCA ID: _____

A. I hereby give permission to staff in the offices listed to disclose information as indicated to the individuals listed below.

Student Financial Aid Office	Financial aid applications, status, eligibility, satisfactory academic progress
Student Accounts Office	Charges, payments, payment plans, refunds
Housing and Residence Life	Housing/Meal plan application, assignment status, assignment charges, discipline issues, problem resolution
BeaCard Office	Account status, balances and transaction logs, meal plan usage, eAccounts

B. Individuals to whom disclosure may be made:

Please record the name the individual would use if they came into the office or phoned into the office.

1. _____
2. _____
3. _____
4. _____
5. _____

C. This release is effective as of the date it is signed by you, the student. It is your responsibility to contact the Office of Student Financial Aid if you wish to cancel, delete or add another individual.

Student Signature

Date

This form should be submitted to the Office of Student Financial Aid.

<p>OFFICE USE ONLY</p> <p>Received by: _____</p>
--