## **FERPA**

## AUTHORIZATION TO RELEASE INFORMATION FROM ACADEMIC RECORDS

(\*Required)Incompleteforms cannot be processed. PleasePrint Clearly or Type All Information

## TO BE COMPLETED BY STUDENT:

Pursuanto the provisions of the Family Educationa Rights and Privacy Act of 1974, asamended (FERPA), I give my consento authorized e presentatives of Central Arkansas for the release of my academic e cords and of Person Authorized to

| Student Name    Name   | Effective:(circle) Fall Spring Summer   | Relationship to Studer  | nt:                      |          |
|--|---|---|--------------------------|----------|
| Address  City State Zip  Student Signature Date  BE COMPLETEDBY PERSON(S)AUTHORIZED TO RECEIVE ACADEMIC INFORMATION:   | ear:  |   |                          |          |
| City State Zip Student Signature Date  BE COMPLETEDBY PERSON(SAUTHORIZED TO RECEIVE ACADEMIC INFORMATION:  | Student Name  | <br>Name  |                          |          |
| BE COMPLETEDBY PERSON(S)AUTHORIZED TO RECEIVE ACADEMIC INFORMATION:  | D Number  | Address   |                          |          |
| BE COMPLETEDBY PERSON(S)AUTHORIZED TO RECEIVE ACADEMIC INFORMATION:  |   | City  | State                    | Zip      |
| BE COMPLETEDBY PERSON(S)AUTHORIZED TO RECEIVE ACADEMIC INFORMATION: accordance anc (S)10 ACcIE(t)8 (Tw 6r)3 8 c Tce8 c6h-2n8 (Tw 6r), >>BDC EMC /P <10CID[MCID ID 8(e) | Student Signature Date  |   |                          |          |
|  | BE COMPLETEDBY PERSON(S)AUTHORIZED TC<br>ccordancelanc (S)10 ACcIE(t)8 (Tw 6r)3 8 c Tce8 c6 | RECEIVE ACADEMICINFORI<br>Sh-2n8 (Tw 6r), >>BDC EMC /F                      | MATION:<br>P <10CID[MCIE | D ID 8(e |
|  | BE COMPLETEDBY PERSON(S)AUTHORIZED TC accordancelanc (S)10 ACcIE(t)8 (Tw 6r)3 8 c Tce8 c6   | DRECEIVE ACADEMIC INFORI<br>Sh-2n8 (Tw 6r), >>BDC EMC /F<br>DO NOT WRITE IN | VSE ONL                  |          |
| RecordedBy   | BE COMPLETEDBY PERSON(S)AUTHORIZED TC accordance anc (S)10 ACcIE(t)8 (Tw 6r)3 8 c Tce8 c6   | bh-2n8 (Tw 6r), >>BDC EMC /F  | VSE ONL                  |          |

COPY TO: PersorAuthorizedto receiveAcademicInformation. This is to acknowledgeeceiptof authorization for you to receive academic record formation at the University of Central Arkansas for the student listed on this form. Observe the procedure soutlined in the agreement section when you request information.