



## Consent to Release Educational & Financial Records

### Family Education Rights to Privacy Act (FERPA)

PLEASE PRINT ALL INFORMATION

I, \_\_\_\_\_, freely and voluntarily consent to the release of information from my education records (including discussion with teachers and administrators, grades and any other notations thereof). Furthermore, I give permission to the Office of Vice President for Student Services to release information about my financial aid, student account, transcripts, and academic progress to the following person(s):

\_\_\_\_\_  
NAME RELATIONSHIP TO STUDENT

\_\_\_\_\_  
NAME RELATIONSHIP TO STUDENT

\_\_\_\_\_  
NAME RELATIONSHIP TO STUDENT

\_\_\_\_\_  
Student ID Number Date of Birth

\_\_\_\_\_  
Student's Signature Date

*Note - This document will be valid until further notice and may only be nullified by written notification. The consent will expire when the student ceases to be a student at South Arkansas Community College.*

**RETURN THE COMPLETED FROM TO:**

Office of the Vice President for Student Services,  
SouthArk Student Center, room #262 or mail to P.O. Box 7010 El Dorado, AR 71731  
(The form may also be sent to Enrollment Services or Office of Admissions)