University of Arkansas
RICH MOUNTAIN

FERPA: Authorization for the Release of Information

I, _____ (PRINT NAME), ☐ **DO**

hereby authorize UA Rich Mountain to release my information to the following person or agency:

Parent(s), guardian(s), or family members:

Name	Address	Phone	Relationship

Other person(s), agency(ies), organization(s), or classes of persons, institutions, or organizations to whom the records may be released:

Name	Address	Phone	Email

Information to released:

CHECK ALL THAT APPLY: ☐ **Financial Aid** ☐ **Academic** ☐ **Billing**

Family Educational Rights & Privacy Act (FERPA):
The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Under Federal law, educational records many not be disclosed to parents of dependent students (as defined under the Internal Revenue Code) without the consent of the student. Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

My signature below affirms I understand that my written consent will remain in effect until I notify UA Rich Mountain in writing to cancel the consent. Furthermore, my signature signifies that I agree to the terms set forth by this form, releasing UA Rich Mountain from all legal responsibilities or liabilities due to information released to third party individual or agency as a result of my consent.

Student Signature	Date	Date of Birth

****For office use only**

FERPA recorded by: **Date:**

Para Español por favor contacte a Irvin Trejo Tel: 479-394-7622 Ext: 1421 o Correo Electronico: itrejo@uarichmountain.edu.
UA Rich Mountain is an equal educational and employment opportunity institution.

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