UNIVERSITY OF ARKANSAS
RICH MOUNTAIN

OFFICE OF FINANCIAL AID

AUTHORIZATION FOR THE RELEASE OF FINANCIAL AID INFORMATION

Family Educational Rights & Privacy Act (FERPA):
[Note: under Federal law, education records may not be disclosed to parents of dependent students (as defined under the Internal Revenue Code) without the consent of the student. 34 CFR § 99.31 (a)(8).] My signature below affirms I understand that my written consent will remain in effect until I notify the UA Rich Mountain Financial Aid Office 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 Financial Aid Office from all legal responsibilities or liabilities due to information released to any third party individual or agency as a result of my consent.

☐ I, _____, hereby authorize UA Rich Mountain Financial Aid Office to release my financial aid information, grades, and/or billing statement to the following person or agency:

3rd Party Parental Release
Parents, guardians, or family members to whom the records may be released:

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

3rd Party Other Release
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

☐ I, _____, do not authorize UA Rich Mountain Financial Aid Office to release my financial aid information, grades, and/or billing statement.

Student's Signature Date Last Four SS Number