

FERPA – Permission to Release Student Information

I give permission for the Office of Vice President for Student Affairs to release information about my financial aid, student account, and academic progress to the following persons:

Name _____

Address _____

Telephone _____

Relation to Student _____

This release will be valid until rescinded by me.

Print Name _____

Signature of Student _____

Date _____

Return the completed form to:

Office of the Vice President for
Student Affairs
Overstreet Hall, room 116
or mail to
P. O. Box 9412
Magnolia, AR 71754-9412

