

UNIVERSITY OF ARKANSAS AT PINE BLUFF



AUTHORIZATION FORM

PARENT/GUARDIAN ACCESS TO STUDENT UNIVERSITY RECORDS

PLEASE PRINT ALL INFORMATION



I understand that under the provisions of the Family Educational Rights and Privacy Act (FERPA), my University records will not be released without my approval. I hereby authorize the release to the person (s) named below a copy of my Academic Records, Financial Records, Disciplinary Records and Medical Records; only if requested:

This consent remains in effect until graduation or when rescinded.

STUDENT INFORMATION

First Name	MI	Last Name	Suffix	Maiden
Home Mailing Address	City		State	Zip
Cell Phone #	Student ID or Social Security Number			
Signature	Date			

PARENT/GUARDIAN INFORMATION

Full Name				
Home Mailing Address	City	State	Zip	
Phone #	Fax #			

ADDITIONAL PARENT/GUARDIAN INFORMATION

Full Name				
Home Mailing Address	City	State	Zip	
Phone #	Fax #			

ADDITIONAL PARENT/GUARDIAN INFORMATION

Full Name				
Home Mailing Address	City	State	Zip	
Phone #	Fax #			