

University of Arkansas at Pine Bluff
Student Financial Services

Family Education and Privacy Act (FERPA)
Consent to Disclose Information

I hereby give permission to the University of Arkansas at Pine Bluff Student Financial Services (Financial Aid and Student Accounts) Staff to disclose information concerning my financial aid record to the individual (s) listed below.

Individuals to whom disclosure may be made:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand that I may revoke my permission in writing at any time.

Student Name (Please Print)

Social Security Number or UAPB ID

Student Signature

Date