



OFFICE OF THE REGISTRAR

Student Consent Form for Parental/Guardian/Individual Access (Optional)

PO Box 1570 State University, AR 72467-1570
 tel (870) 972-2031~ fax (870) 972-3917

Please print or type all information listed.

Student I.D.						Student's Name (Last Name, First Name, Middle Initial)				Date of Birth		
Address (Street / Box / Apt)						City			State	Zip Code	Phone Number	
E-mail Address						_____				_____		
						Student's Signature				Date		

Individual to whom information may be released.

Name (Last Name, First Name, Middle Initial)			Address (Street / Box / Apt)		City		State	Zip Code		
Phone Number			E-mail Address			_____				_____
						Individual's Signature				Date

Parent/Guardian to whom information may be released.

Name (Last Name, First Name, Middle Initial)			Address (Street / Box / Apt)		City		State	Zip Code		
Phone Number			E-mail Address			_____				_____
						Parent/Guardian's Signature				Date

The purpose of this consent form is to allow parental access to student information contained in the Office the Registrar, in compliance with (FERPA) the **Family Education Rights and Privacy Acts of 1974**, as well as the amendments to this act.

The parent/guardian/individual may request information in writing or in person with picture identification at the Office of the Registrar.

This consent form will also be used for access to student account information. Please write or visit the Treasurer's Office to obtain information. For information regarding student accounts, please contact the Treasurer's Office at 870-972-2285.

Even with this consent, we cannot discuss this information over the telephone, unless the call originates from ASU's offices. Information cannot be requested via the Internet or by any means other than in person with picture identification or by letter with the signature of the above parent/guardian/individual. For any additional information, please contact the Office of the Registrar at 870-972-2031.

The student may revoke this consent at any time; however, each Parent/Guardian/spouse listed above will be notified of the revocation by the Office of the Registrar.

STOP! STOP! (Please fill out the form below ONLY if you are revoking the parental / guardian / individual rights.) **STOP! STOP!**

i hereby revoke the right of the parent(s) / guardian(s) / individual(s) listed above to receive any information concerning my academic record, and am aware that they will be notified of the revocation of this right.		_____	_____
		Date	Student's Signature
Arkansas State University Office of the Registrar PO Box 1570 State University, AR 72467-1570		_____	
		Student's ID Number	
FOR OFFICE USE ONLY			
		_____	_____
		Date Parent/Guardian/Individual Notified	Initials

For your mailing convenience, drop this form into a No.10 window envelope.