



UNIVERSITY  
of ARKANSAS  
AT PINE BLUFF  
1873

## 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**This consent remains in effect until graduation or until rescinded.**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 #		