



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This consent remains in effect until graduation or when rescinded.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