



AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

(From student to institution)

The Family Educational Rights and Privacy Act release (FERPA) form
(*Confidentiality of student educational records is protected by FERPA)

To: Registrar's Office
Southern Arkansas University Tech
PO Box 3499
Camden, AR 71711

From: _____ SSN or Student ID#: _____

Print Student Name

Address City State Zip

Telephone Number: _____

I request that the information indicated below be released to the following person or persons:

Name of person or persons: *(Print)* _____

Relation to Student: _____

Please check information to be released:

- All below
- Financial Aid
- Student Account
- Academic Progress

This release will be valid for 3 years from the date listed or until rescinded by me.

Signature of Student: _____

Date: _____

Mail document to address listed above, or scan and email to jsanders@sautech.edu