



Student Consent Form for Parental/Guardian Access (Optional)

Office of the Registrar
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. or SSN				Student's Name (Last Name, First Name, Middle Initial)				Date of Birth	
Address (Street / Box / Apt)				City		State	Zip Code	Phone Number	

Student'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						

Parent/Guardian's Signature _____
Date

Other 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						

Parent/Guardian's Signature _____
Date

The purpose of this consent form is to allow parental access to student information contained in the Office of 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 may request information in writing or in person with picture identification at the Office of the Registrar. It is recommended that if you wish to come to the office, that you call first to ensure that the Registrar, Tracy Finch, is indeed going to be in the office at the time you are planning to come for the information.

This consent form will also be used for access to Student Account information. Please write or visit the Student Accounts Office to obtain information. For information regarding student accounts, you can contact the Director of Student Accounts, Carol Byrd, at 870-910-8220.

Even with this consent, we can not 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. For any additional information, please contact Tracy Finch, Registrar, at 870-972-2031.

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

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

I hereby **REVOKE** the right of the parent(s) / guardian(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

- -

Social Security Number

FOR OFFICE USE ONLY

Date Parent/Guardian Notified _____
Initials

Arkansas State University
Office of the Registrar
PO Box 1570
State University, AR 72467-1570

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