



FERPA Release Form

It is the policy of Southeast Arkansas College, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' educational records unless the student has consented to disclosure or FERPA allows disclosure. Directory information, such as enrollment, academic honors and degrees, may be disclosed to the public. However, private information, such as address, phone number, grades, class schedules, the student's account, and financial aid awards may not be released without express consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, _____, Student ID Number _____, authorize Southeast Arkansas College's Office of Disability Services to release the following educational records, upon request, to the person(s) or organization(s) listed below, for the purpose of keeping them informed regarding my education at Southeast Arkansas College.

Please **initial** all that apply:

- | | |
|---|---|
| <input type="checkbox"/> All academic records. | <input type="checkbox"/> All contact information |
| <input type="checkbox"/> All Financial Aid Information. | <input type="checkbox"/> Student Conduct/Discipline |
| <input type="checkbox"/> Disability Services | |

Persons to whom information may be released:

Name: _____

Name: _____

Name: _____

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving my consent to release the designated information to the above named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Southeast Arkansas College.

Student Signature: _____

Date: _____