

Authorization to Release Student Education Record Information

The purpose of this release is to facilitate the communication of student information to authorized individuals identified by the student. The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of education records, establishes the rights of students to inspect and review their education records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings. This Authorization applies to the disclosure of education records. The student choosing to release his or her educational records must complete and sign this form before Henderson State University can release specified information.

I. Student Information:

Name of Student: _____
(Please Print)

Address: _____
Box # or Street City State Zip Phone

Student I.D. Number: _____

II. Recipient Information:

I authorize Henderson State University to release my educational records to the person/business/organization specified below:

Name _____
(Please Print)

Address: _____
Box # or Street City State Zip Phone

ELECTION A. Education records to be released (check all that apply):

- Academic Information (grades/GPA, registration, student ID number, academic progress, enrollment status)
- Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)
- All Records Listed Above
- Other (please specify): _____

My educational records may be released upon written request by the listed person(s) bearing a signature, via mail or fax to the Office of the Registrar (see below).

Records Which May Be Released:

All educational records, including but not limited to: Financial Aid, Disciplinary, Grades, and Student Account.

III. Consent:

The above information may be released with my full consent. I understand that this authorization remains in effect until my written revocation is received by the Office of the Registrar at the address listed below.

(Student Signature) (Date)

Please return this form to: Office of the Registrar · PO Box 7534 Arkadelphia, AR 71999 · THIS FORM MAY ONLY BE SUBMITTED BY THE STUDENT IN PERSON OR VIA @REDDIES.HSU.EDU EMAIL