

# ACCESS TO RECORDS

Arkansas State University-Beebe  
Office of the Registrar  
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Beebe, AR 72012  
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## PERMISSION TO RELEASE STUDENT RECORD INFORMATION

Form may only be completed at the Arkansas State University-Beebe campus. Must show photo identification.

I \_\_\_\_\_  
First Name MI Last Name

hereby authorize Arkansas State University-Beebe to release the following education records and information:

- |  |  |
|--|--|
| <input type="checkbox"/> Student Academic Records<br>(To assist with academic planning at ASU-Beebe)         | <input type="checkbox"/> Academic Advising/Instructor Records<br>(To assist with academic planning at ASU-Beebe) |
| <input type="checkbox"/> Financial Aid Records<br>(To assist with financial planning at ASU-Beebe)           | <input type="checkbox"/> Bookstore Records<br>(To assist with academic planning at ASU-Beebe)                    |
| <input type="checkbox"/> Business Office/Billing Records<br>(To assist with financial planning at ASU-Beebe) | <input type="checkbox"/> Other _____<br>(Please be specific when listing other records)                          |

Please indicate the name, address, phone number and date of birth of person(s)/agency you are giving permission to obtain records:

*We must have all the contact information* clearly printed to be able to verify the identity of the requestor.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

I understand further that: ① I have the right not to consent to the release of my education records; ② I have the right to receive a copy of such records upon request; ③ and that **this consent shall remain in effect until revoked by me, in writing, and delivered to Arkansas State University-Beebe**, but that any such revocation shall not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to submit and file a new form.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID number (required)