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**Student Request for Release of FERPA Protected Educational Records**

The purpose of the Family Educational Rights and Privacy Act of 1974 (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information concerning students and that which is contained in a student's educational record. I understand 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 this consent to release shall remain in effect until revoked by me, in writing. Any disclosure of information made by Northark prior to the receipt of written revocation is not affected by revocation.

I further understand that in order for Northark to release information to the individual(s) named below, this signed release must be executed. Therefore, I

Student Name_____ _____ _____
Last First Middle Initial

authorize North Arkansas College to release my educational records to any person (in person or over the telephone) listed below:

Student Signature: _____

UA Northark Student ID: _____

Date: _____

This form MUST be submitted **IN PERSON** by student with picture identification to the Registrar's Office.

_____

_____

_____

_____

08/22/2014

**For Office Use:**

ID Verified:

_____ Date:

_____