



FERPA – Permission to Release Student Information
(From student to institution)

I, (Print Student Name) _____, give permission for the Office of Vice President for Student Affairs to release information about my financial aid, student account, and academic progress to the following person or persons:

Print name of parent or family member(s) _____

Address _____

Telephone _____

Relation to Student _____

This release will be valid until rescinded by me.

Signature of Student _____

Date _____

Return the completed form to:

Office of the Vice President for
Student Affairs
Overstreet Hall, room 114

Or mail to:
Office of the Vice President for Student Affairs
100 E. University
MSC 9412
Magnolia, AR 71753