



**AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION**

(From student to institution)

The Family Educational Rights and Privacy Act release (FERPA) form  
(\*Confidentiality of student educational records is protected by FERPA)

To: Registrar's Office  
Southern Arkansas University Tech  
PO Box 3499  
Camden, AR 71711

From: \_\_\_\_\_ SSN or Student ID#: \_\_\_\_\_

*Print Student Name*

\_\_\_\_\_  
*Address City State Zip*

Telephone Number: \_\_\_\_\_

I request that the information indicated below be released to the following person or persons:

Name of person or persons: *(Print)* \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Please check information to be released:

- All below
- Financial Aid
- Student Account
- Academic Progress

This release will be valid for 3 years from the date listed or until rescinded by me.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Mail document to address listed above, or scan and email to [rbinns@sautech.edu](mailto:rbinns@sautech.edu)