



# OFFICE OF ADMISSIONS, RECORDS AND REGISTRATION

## Student Consent Form for Parental/Guardian/Spousal Access (Optional)

PO Box 1570 State University, AR 72467-1570  
tel (870) 972-2031~ fax (870) 972-3917

*Please print or type all information listed.*

Student I.D.								Student's Name (Last Name, First Name, Middle Initial)										Date of Birth			
Address (Street / Box / Apt)								City						State		Zip Code		Phone Number			

_____ <b>Student's Signature</b>																_____ <b>Date</b>			
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### Spouse to whom information may be released.

Name (Last Name, First Name, Middle Initial)						Address (Street / Box / Apt)						City				State		Zip Code	
Phone Number						_____ <b>Spouse's Signature</b>										_____ <b>Date</b>			

### Parent/Guardian to whom information may be released.

Name (Last Name, First Name, Middle Initial)						Address (Street / Box / Apt)						City				State		Zip Code	
Phone Number						_____ <b>Parent/Guardian's Signature</b>										_____ <b>Date</b>			

The purpose of this consent form is to allow parental access to student information contained in the Office of Admissions, Records and Registration, in compliance with (FERPA) the **Family Education Rights and Privacy Acts of 1974**, as well as the amendments to this act.

The parent/guardian/spouse may request information in writing or in person with picture identification at the Office of Admissions, Records and Registration.

This consent form will also be used for access to Student Account information. Please write or visit the Office of Student Accounts to obtain information. For information regarding student accounts, please contact the Office of Student Accounts at 870-972-2285.

Even with this consent, we can not discuss this information over the telephone, unless the call originates from ASU's offices. Information cannot be requested via the Internet or by any means other than in person with picture identification or by letter with the signature of the above parent/guardian/spouse. For any additional information, please contact the Office of Admissions, Records and Registration at 870-972-2031.

**The student may revoke this consent at any time; however, each Parent/Guardian/Spouse listed above will be notified of the revocation by the Office of the Admissions, Records and Registration.**

**STOP! STOP!** (Please fill out the form below **ONLY** if you are revoking the parental / guardian / spousal rights.) **STOP! STOP!**

I hereby **REVOKE** the right of the parent(s) / guardian(s) / spouse listed above to receive any information concerning my academic record, and am aware that they will be notified of the revocation of this right.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student's Signature**

### Arkansas State University

Office of Admissions, Records and Registration  
PO Box 1570  
State University, AR 72467-1570

\_\_\_\_\_  
**Student's ID Number**

### FOR OFFICE USE ONLY

\_\_\_\_\_  
Date Parent/Guardian/Spouse Notified

\_\_\_\_\_  
Initials

**For your mailing convenience, drop this form into a No.10 window envelope.**