



# OFFICE OF THE REGISTRAR

## 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	
<div style="display: flex; justify-content: space-between; width: 80%; margin: auto;"> <span>_____</span> <span>_____</span> </div> <p style="text-align: center;"><b>Student's Signature</b> <span style="margin-left: 100px;"><b>Date</b></span></p>					

**Spouse to whom information may be released.**

Name (Last Name, First Name, Middle Initial)	Address (Street / Box / Apt)	City	State	Zip Code
Phone Number	<div style="display: flex; justify-content: space-between; width: 80%; margin: auto;"> <span>_____</span> <span>_____</span> </div> <p style="text-align: center;"><b>Spouse's Signature</b> <span style="margin-left: 100px;"><b>Date</b></span></p>			

**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	<div style="display: flex; justify-content: space-between; width: 80%; margin: auto;"> <span>_____</span> <span>_____</span> </div> <p style="text-align: center;"><b>Parent/Guardian's Signature</b> <span style="margin-left: 100px;"><b>Date</b></span></p>			

The purpose of this consent form is to allow parental access to student information contained in the Office the Registrar, 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 the Registrar.

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 the Registrar 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 Registrar.**

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

<p>I hereby <b>REVOKE</b> 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.</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Date</b></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Student's Signature</b></p>						
<p><b>Arkansas State University</b> Office of the Registrar PO Box 1570 State University, AR 72467-1570</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Student's ID Number</b></p>							
<table border="1" style="width: 100%; border-collapse: collapse; background-color: #f0f0f0;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><b>FOR OFFICE USE ONLY</b></td> </tr> <tr> <td style="width: 60%; padding: 5px;">_____</td> <td style="width: 40%; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Date Parent/Guardian/Spouse Notified</td> <td style="padding: 5px;">Initials</td> </tr> </table>			<b>FOR OFFICE USE ONLY</b>		_____	_____	Date Parent/Guardian/Spouse Notified	Initials
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_____	_____							
Date Parent/Guardian/Spouse Notified	Initials							

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