ARKANSAS STATE UNIVERSITY - NEWPORT
NEWPORT • JONESBORO • MARKED TREE
Office of Admissions, 7648 Victory Blvd., Newport, AR 72112

Permission to Release Student Record Information

*The individual submitting this form **must** show **photograph** **identification**.*

I _____
First Name Middle Initial Last Name

allow the individuals listed below to conduct university business, and I authorize **Arkansas State University-Newport** to release education records including but not limited to Student Academic records; Academic Advising records; Financial Aid records; Business Office/Billing records; Career Pathways records; and Disability Services records to the following individual(s):

(NOTE: we must have all the contact information clearly printed to be able to verify the identity of the requestor)

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: _____

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: _____

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 that **this consent shall remain in effect until revoked by me, in writing, and delivered to ASUN, but that any such revocation shall not affect the information released under my previous consent**. If I wish to make any changes to my consent for release, I understand I will need to submit and file a new form.

_____ _____
[Signature required] [Date]

_____
[Student ID number required]

Routed to by [initials]
_____ Business Office